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TEACHERS COLLEGE NURSING AND HEALTH ALUMNÆ ASSOCIA-
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THE AMERICAN JOURNAL OF NURSING

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EDITORIAL COMMENT

AT HOME

As we close our pages, a telegram brings us word that the body of Jane A. Delano has been brought back from France, arriving at New York on September 11th, and that it will be buried in Arlington Cemetery at half past two on the afternoon of September 18th. We wish that all nurses who love and honor the memory of Miss Delano might have known of this so that they might unite their thoughts of her at that hour, though there is no need for special thought; she will never be forgotten.

TWENTY YEARS OF THE JOURNAL

This number of the JOURNAL marks the beginning of the twenty-first volume, the end of the first twenty years of its existence. During the past year, Miss Palmer had often spoken of this anniversary and had said that it would be interesting to look back over the road we had travelled and to give a little history of the magazine at this time. No one could have done it quite so well as she, for she had helped to plan for and to establish it, and it had been under her guidance until nearly the end of this period. She had not, however, collected any material for the history; she was an encyclopedia, herself, with her wonderful memory, and could have dictated the entire account, only verifying references from time to time. Her death in April took from us the opportunity of having her own retrospect. The JOURNAL directors, however, wished to carry out her plan and they asked the two others most nearly concerned with the JOURNAL, Miss M. E. P. Davis and Miss Mary M. Riddle to do it. Miss Davis was much shaken by Miss Palmer's death, and by a subsequent illness. She felt that it would be a painful effort to revive the past and asked to be excused. The task then fell to Miss Riddle, who has been treasurer of the JOURNAL board for eighteen years, who has been a department editor at two different periods, who was president of the American Nurses'

Association during several years, and who, therefore, knows its history very intimately.

We are indebted to Miss Riddle for her long years of faithful service as treasurer of the JOURNAL Board and again for this special labor of love in its behalf, for at the close of her vacation period she came to the JOURNAL office and spent a week in going over old files and records and in compiling the material for the history, most of which she was able to write before returning to her hospital duties. One hundred reprints will be made of this history, which may be ordered from the JOURNAL office at cost, by those associations or individuals who wish to preserve the record by itself.

We remember gratefully how much loyal affection has gone into the upbuilding of the magazine from first to last, to how many people we are indebted: to that early group of women who planned for a magazine when Mrs. Robb was president of the Associated Alumnae, to the business men who gave their advice, to Miss Davis, whose labors were unremitting in interviewing publishers and securing the needed stock and the first subscription list, to our first publishers, the J. B. Lippincott Company, who took our venture when it was as yet unproved and who cared for it as for their own, to the superintendents who worked so hard to gather contributions for its pages, to the presidents of the Board, to the department editors who worked for years without remuneration, and to every interested and loyal reader, many of whom began with the first number and are still on our lists. All these have helped make the JOURNAL what it has been and is. Let us carry on and fulfill, not only our own ideals for the JOURNAL, but those cherished by the many who have gone before.

RANK FOR NURSES—A LAST WORD

At the time of the Atlanta Convention, we all thought rank for Army Nurses was an assured fact, because both the Senate and the House had passed the Army Reorganization Bill containing the clause which made such provision. Mrs. Greeley, our counsel, told us the matter had been referred to the Conference Committee which was working out the regulations for the entire Army Reorganization bill, and that it was probably safe.

So she felt, and so we felt, but those who have been receiving the bulletins regarding Rank, know now that there was a final and desperate struggle within the Committee, that though the Senate members stood firm, the House members wavered. It is possible, even after a measure has passed both houses of Congress, to have it so modified in committee that its effect may be lost. Certainly the day would have been lost for us had not Mrs. Greeley been as watchful as

ever and had she not gone back to her work with redoubled energy, interviewing every member of the Committee, getting pressure to bear on those who were not standing by the vote of the House,—and in the end the measure was saved.

After five weeks in conference, during which time the measure was in jeopardy most of the time, an agreement was reached on May 27. The conference report was adopted by the House on May 28, by the Senate on May 29, and was signed by President Wilson on June 4.

The power of applying the regulations regarding rank was lodged with the Secretary of War; on August 10 the Surgeon General was notified that they had been officially approved, and he immediately gave to the Superintendent of the Army Nurse Corps, the insignia of her rank as Major.

The nurses of the country are under a lasting debt to our counsel, Mrs. Helen Hoy Greeley, who has been working for us indefatigably for three years, always with courage, with courtesy, and with good will, but with an energy and a persistence which carried her over obstacles which seemed unsurmountable.

We are also greatly indebted to Anna C. Maxwell of New York City, who has stood back of the work with equal courage and faith and who has raised one-third of the funds which were needed for maintaining an office in Washington and for employing counsel. The work could never have been done by voluntary or untrained effort; on the other hand, no voluntary worker could have thrown herself into the work more whole heartedly than has Mrs. Greeley. We may all rejoice together and hope that the two ends we have been working for will now be accomplished: better nursing care for our soldiers, and better protection for our nurses.

RESIGNATION OF ELLA PHILLIPS CRANDALL

There are some workers who so identify themselves with their task that we get used to thinking of them as inseparable, and such is the case with Miss Crandall and her work as executive secretary of the National Organization for Public Health Nursing. She began her work when the organization was young, and she resigns her office when it is a large, firmly organized and most effective body. Much of this development is due to her effort, and it seems impossible to think of the organization without her guiding hand. She spent much time in travel for the first few years, going from one community to another, making addresses, holding conferences, giving advice to groups of workers, helping to establish unity and efficiency in the many scattered bodies doing public health work. It would almost seem as though Miss Crandall could not be spared just now when

public health work is growing by leaps and bounds, but she probably feels as does a mother who realizes that her child needs to learn greater self dependence and so withdraws to the background. It may be very hard to do without her, but her retirement may bring out latent and needed ability in other workers.

Miss Crandall has been a member of the board of directors of the American Nurses' Association during many of these years, and she has never allowed her other duties to interfere with her attendance at its meetings or to bias her judgment. She has worked for the larger organization with the same loyalty and interest she gave the other.

We know that Miss Crandall was a most excellent superintendent of nurses before she entered public health work. Perhaps after a good rest, she will go back to that field which is calling so loudly for workers. Whatever she may turn to, we shall all follow her with our warmest wishes for success.

THE MEMORIAL FUND

The fifty thousand dollars required to build a memorial to the nurses who died in service lacks about three thousand of being complete. This money, as we already know, has been subscribed almost wholly by the nurses of this country. Much enthusiasm and generosity has been displayed and we do not feel that it will be necessary to make another formal appeal to our nursing resources in order to raise the remainder, but we are asking state officers to present this matter at their meetings in October, with the suggestion that a collection be taken, or a further contribution be made to this fund, also that a request go forward from the state organizations to the district and alumnae associations, for similar methods of coöperation in the completion of this gift to the memory of our sisters.

THE RELIEF FUND

The Relief Fund Committee has been keeping quiet during the time the effort has been made for raising the Memorial Fund, but it cannot let the fall meetings of the state associations go by without stating, however modestly, its need of better support. During the past month one applicant has died whose last weeks were made a little more comfortable by help from the Relief Fund, and one has withdrawn because she now has other aid. Two new applicants have been considered, however, most appealing ones, who are in urgent need of help, so the gaps are at once filled. If every nurse in the country would give her contribution at once, the Fund could do more than

ease the way slightly for those who are in desperate straits. We are hoping that all the chairmen of state Relief Fund committees will be very active during the fall meetings.

FUND FOR AN INTERSTATE SECRETARY

It will be remembered by those who attended the League meetings at Atlanta, that a committee was appointed to confer with the various state associations to see whether sufficient contributions could be obtained to continue the work of the Interstate Secretary. Neither the JOURNAL, the League nor the American Nurses' Association can at present contribute to this fund which they have maintained jointly for the past two years, but the Interstate Secretary's work has been of such great value that the delegates at Atlanta felt it should not be allowed to stop if the states could continue it. Miss McMillan, chairman of the committee, reports that contributions have been received from California, Illinois, Ohio and Wisconsin. Pledges to try and contribute have been received from Indiana, Iowa, Louisiana, Montana, North Dakota, Oregon and Washington. Where does your state stand? Does the east not need an interstate secretary?

State associations should not be misled into thinking that in contributing, they are making sure of another visit from Miss Eldredge. Miss Eldredge's term has expired, and though many hope that she will again be appointed, it is not at all certain that she will be available, especially as no appointment can be made before January. The contributions asked are for *an* interstate secretary.

States that have already gathered something for this fund are asked to report the amount to Miss M. Helena McMillan, Presbyterian Hospital, Chicago. Other states are asked to write her whether they can be counted upon for contributions later.

A QUESTION FOR PRIVATE DUTY NURSES

A correspondent asks how the hours of duty should be arranged when two or more nurses are on a case. Should they be arranged by the family, by the doctor, or by conference and agreement between the nurses? We should think that all are interested and all should be consulted, but we should like to receive some "letters to the editor" on this subject by nurses directly concerned with the problem.

TWENTY YEARS OF THE JOURNAL

BY MARY M. RIDDLE, R.N.

Treasurer of the JOURNAL Board of Directors

Twenty years ago, on October 1, 1920, the first number of the AMERICAN JOURNAL OF NURSING appeared, the product of a determined purpose and an earnest effort on the part of a group of women who were members of the Associated Alumnae, now the American Nurses' Association. Isabel Hampton Robb was president of the Association at that time. The JOURNAL, first as a hope, later as an accomplished fact was one of her chief interests. There were then only twenty-one alumnae associations in the entire country; state and county associations were still in the future. The Associated Alumnae was made up of only a few hundred members. How could so small an organization hope to start a magazine of its own?

There was impressed upon its officers and members the necessity for a medium whereby its objects could be made known, the knowledge from its meetings and more formal conventions be disseminated, the necessary appeals for membership be heard and the broadening of the nurses' opportunities be hastened. Hitherto, the nurses had been dependent for their necessary publicity upon journals not particularly identified with their interests, and their need was great. The same subject occupied the attention of individual members of the Superintendents' Society, (now the League) as early as 1898, and from time to time thereafter, but no definite action was ever taken by them.

In April, 1898, in the first annual convention of the Associated Alumnae held in New York, the plan was presented by Miss Dock, approved by the Association, and a committee appointed to consider ways and means. At the next annual convention in New York, in May, 1899, this committee presented several methods that did not seem specially practical, and a new committee was appointed, consisting of Misses M. E. P. Davis, Harriet Fulmer, M. A. Nutting, Sophia F. Palmer, and M. F. Stevenson; to this list the name of Mrs. Robb was added the next year.

The report of the chairman of the committee, Miss Davis, given at the third annual meeting in May, 1900, showed great activity and business sagacity. Inasmuch as the committee was one on "ways and means," she confined her discussion of the subject to those phases and presented four different "ways" which might be followed in establishing the magazine:

First: To put the work into the hands of a reliable, widely known, well established publishing company, who would print, bind, proof-read, mail, and

copyright, in a manner that would be not one whit below that of the standard magazines of the day, and in addition would furnish a business manager, perfectly familiar with all details of the work, such as soliciting advertising, canvassing subscriptions, etc., in fact attending to all duties outside those assumed by the editor and staff.

Second: To make a contract with a printing company which would agree only to print, which would not assume any other of the details, or if it did would not guarantee the manner and promptness of its performance, as it could have no control over firms doing work outside its direct line, binders, mailers, etc.

Third: To allow a business firm which has a large printing plant of its own to issue it, which would be willing to assume all the labor in return for the revenue from the advertising pages.

Fourth: To join forces with some kindred or educational magazine about to be put, or already on, the market.

As "means" she suggested:

First, subscriptions; second, advertisements; third, joint stock company.

When the committee had obtained the foregoing information, it became necessary in order to prove the feasibility of the first named scheme for it to have some assurance that subscriptions would be forthcoming. In view of that, there were printed and distributed 5,000 copies of a circular and 200 of a proposed outline.

The returns of this procedure are in the neighborhood of 550 cash subscriptions with "encouraging promises," as soon as the scheme becomes a reality.

From a publishing house the information has been obtained that we may depend upon advertisements to about the sum of \$1,000 net per annum, provided the subscription list amounts to not less than 1,500, first issue.

Fearing that the first two "means" would not furnish sufficient funds for incidental expenses and to carry on the work with a rational guarantee against failure, the third method in conjunction with the other two was resorted to. A joint stock company was formed (with shares par value \$100, selling at par). As a result, a guarantee of the sale of twenty-four shares has been obtained. The amount of cash at the present available, therefor, is about \$3,400, which, in the estimation of the committee, is a sufficient amount to warrant arrangements being made for an early issue of the magazine.

In order to accomplish this, the chairman of the Committee, Miss Davis, had written over three hundred personal letters, beside sending receipts and answering questions. The other members of the Committee assisted in other ways.

It was voted to reappoint this committee as a standing committee, with power to act, until such time as their services were no longer needed.

The first of the "ways" suggested was adopted and a publisher was sought who would be willing to undertake a project which had so small a capital.

The year 1900 was an acute one for the committee, but having been given power, it proceeded to be exceedingly *active*, with the

result that the first issue of the *AMERICAN JOURNAL OF NURSING* appeared on October 1, 1900, under the direction of Miss S. F. Palmer as editor and with the following editorial staff: Misses McIsaac, Richards, Brent, Dock, Cox, Davis, Drown, Riddle, and Mrs. Robb. These collaborators, or assistants, were for years unpaid and remained with the *JOURNAL* as such, for a greater or less length of time; but one of them, Miss Dock, has remained through all the years, and is as earnest and constant in her departmental work, as in the beginning.

The publication was finally undertaken by the J. B. Lippincott Company of Philadelphia, who contributed much to its success, winning frequent commendations from the non-professional public for the magazine's appearance and typographical accuracy.

Miss Palmer, the editor had, during the previous summer, taken a four months' leave of absence from her hospital position, one month as a vacation, three months without pay, to study journalism and to establish the magazine, paying her own expenses, and receiving no compensation from the *JOURNAL*. She continued to serve gratuitously after returning to her hospital position, for from four to five months, doing the *JOURNAL* work mostly in the evening, frequently employing a typewriter at her own expense, in order to carry on the work.

Much gratuitous service was given by all connected with the *JOURNAL* in its early days. The editor gave it house space for twelve years; Miss Davis gave nine months of active service without compensation, and a small group of devoted women, mostly superintendents of training schools, advanced one hundred dollars each, to become shareholders in a stock company, should the scheme succeed, or lose it without a murmur, should it fail. Had it not been for the generosity of these women, the financial arrangements would have been much more difficult.

It was early realized that definite plans must be made to meet the expenses which were constant, and since the Associated Alumnae was but a voluntary organization, it could not transact business, even though incorporated and allowed to own property. Therefore, the *AMERICAN JOURNAL OF NURSING* early made arrangements for the organization and incorporation of a company to be responsible for its business. A meeting for the consideration of that purpose was held April 20, 1901, in Boston, and the company was formed by giving a name and electing officers. The chairman records that:

realizing that few of the stockholders could be present, an opportunity had been given to send their proxies for the choice of editor with the expression of their opinions in regard to the amount of the salary of the editor.

The vote was cast that the present editor be retained at a salary that would make it possible to devote her entire time to the *JOURNAL*. Seventeen out of

twenty-one were in favor of immediate incorporation, so as to put the company in a position to legally assume the liabilities of the JOURNAL, its receipts and expenditures, and to be able to turn over to the Associated Alumnae, in a legal manner, all the business of the JOURNAL whenever that body found itself in condition to assume it, and reimburse the stockholders.

Incorporation was completed in New York, and the articles were signed October 29, 1902, by Mary E. P. Davis, Boston; Lavinia L. Dock, New York City; Pauline L. Dolliver, Boston; Sophia F. Palmer, Rochester; Anna C. Maxwell, New York City.

The Board of Directors of the AMERICAN JOURNAL OF NURSING Company, for the first year were: Mary E. P. Davis, Boston, Mass.; Anna V. Van Kirk, New York City; Linda Richards, Taunton, Mass.; Mary D. Barnes, New York City; Isabel Hampton Robb, Nottingham, Ohio.

It may be of interest to recent members of the JOURNAL family to know that the first issue of the JOURNAL had the familiar green cover and that its table of contents was as follows: With the "Maine" to South Africa, M. Eugenie Hibbard; What We May Expect from the Law, Lavinia L. Dock; Miss Linda Richards, by one of her pupils. There were departments: *Practical Points on Private Nursing*, Isabel McIsaac, two papers, *Specialties in Nursing*, Katharine DeWitt and *Visiting Nursing*, Eliza J. Moore; *Children's Department*, Louise C. Brent, *Infant Feeding*, W. B. Thistle, M.D.; *Educational*, Isabel Hampton Robb, *Hospital Economics*; *Progressive Movements*, Lucy L. Drown, *Work for Nurses in Play Schools*, Mary Boyle O'Reilly and *Nurses' Settlement*, Lillian D. Wald; *Prophylactic*, Mary M. Riddle, *The Relation of Bacteriology to Preventive Medicine*, John H. McCollom, M.D. The Hospital and Training School Items were in charge of Linda Richards and covered a field from New England to the Pacific. There was Foreign News and an Editor's Miscellany, the latter being a mixture of editorial comment and of letters to the editor. There were Announcements and Book Notices and, last of all, the Proceedings of the Third Annual Convention of the Nurses' Associated Alumnae.

The editorial offices have several times been changed. At first the editor, Miss Palmer, was still serving as superintendent of the Rochester City Hospital, (now the Rochester General), and her rooms constituted the office. After four months, the editorial work moved with the editor to a boarding place and accompanied her on her travels to several of the larger cities, where she went to get more closely in touch with the work being done in those communities. From May, 1904, until the autumn of 1913, it was housed in the editor's own home at 247 Brunswick Street, Rochester. This was no makeshift arrangement. One pleasant room with two windows and a good closet was

furnished as an office and was kept for that purpose. No rent was paid for this by the JOURNAL and the editor contributed, also, light, heat and telephone service. From the autumn of 1913 to March, 1919, the JOURNAL was housed with the Nurses' Central Directory at 45 South Union Street, occupying at first one room, but gradually increasing to four. In March, 1919, the office was moved to its present location, rooms 613-615 Insurance Building, 19 West Main Street, Rochester, where it has three light, commodious offices in one of the best office buildings of the city.

During the first seven years of the JOURNAL'S existence, the editorial staff consisted of the editor, who had occasional help from a stenographer or from her sister. From the spring of 1907 until the fall of 1913, the staff consisted of two persons,—Miss Palmer as editor, and Miss DeWitt as assistant editor. In the fall of 1913, Bertha J. Gardner joined the staff as assistant business manager and worked most faithfully until the time of her death in July, 1917. Also, in the fall of 1917, a bookkeeper was employed in the editorial office, for at this time the subscription work was taken over. At the present time the staff consists of the acting editor and her assistant, both of whom are nurses, and of five clerks. In addition, the JOURNAL has the services of an advertising manager.

At intervals between February, 1906, and October 1, 1909, Miss M. E. P. Davis acted as business manager, doing her work in the offices of the publishers. She established the Bureau of Hospital Positions, later discontinued, and the Book Department.

As has been said, the first publishers of the JOURNAL were the J. B. Lippincott Company of Philadelphia. They not only did the printing and mailing, but they secured the advertising, and conducted the subscription department. Their term of service extended over a number of years, October, 1900, to September, 1913. The judgment and experience of this established firm were invaluable to the editor, they were responsible for its dignified make-up and appearance and from them she learned many needed lessons in regard to the details of publishing and management. In 1913, the Waverly Press of Baltimore took over the printing, mailing and advertising of the JOURNAL, but the business management and the subscription department were transferred to the editorial office, where they have been ever since. In November, 1917, the printing was transferred to Rochester, and the AMERICAN JOURNAL OF NURSING Company became the publishers.

At this point we may ask how the JOURNAL became the property of the American Nurses' Association, for the shares of stock, of \$100 each, were originally owned by nurses or by alumnae associations of nurses. From its inception, the JOURNAL was destined to become the

property of its promoters, the American Nurses' Association. The stockholders, without whom its establishment would have been impossible, felt themselves to be but trustees, holding the stock in trust, biding their time until the Association should be able to take it off their hands and they be retired and, to some extent, reimbursed. Few of the original stockholders got all their money back, but that was no disappointment, for they never expected it. The women of those days in our profession worked hard and long for the good of their profession and the effort and money expended upon the JOURNAL are but an example of this. The first contribution to the JOURNAL Purchase Fund was the sum of \$14 handed over by Isabel Hampton Robb and represented the interest on her loan to the JOURNAL. Many of the stockholders gave their stock outright to the American Nurses' Association, while others sold it at a discount. The purchase money was gathered, for the most part, as all our funds have been gathered, by numerous small individual contributions. It is an interesting coincidence that the resolution for the purchase of the JOURNAL stock was passed by the Associated Alumnae in convention in San Francisco in 1908, and the purchase was concluded and all indebtedness wiped out during the convention in San Francisco in 1915. This event was celebrated by an incineration of the redeemed notes. The American Nurses' Association now became the sole owner of the JOURNAL stock, but the affairs of the JOURNAL are administered by a Board which is elected annually by the directors of the Association. This board is the AMERICAN JOURNAL OF NURSING Company.

During its entire existence the JOURNAL has been the promoter of the cause of nursing education in all its phases, from its early efforts for the course in Hospital Economics at Columbia, now the course in Nursing and Health, to the latest methods of teaching nurses as described in the Department of Nursing Education. It has presented every subject that would increase the usefulness of the nurse to the sick and to the community, consequently it is no surprise to find its columns frequently devoted to the discussion of registration for nurses. Its editor espoused this cause with most excellent results. She herself was president of one of the first examining boards appointed and her pen wrote with a surety of the rightness of her cause. We believe that every bill, as it was originally passed, has appeared in the JOURNAL. The movement for registration resulted in an education of the public, in the raising of the standards of nursing education, and in improvement in both hospitals and nurses' homes, as applicants began to realize that some schools have a better standing than others.

Other movements which have been helped by the JOURNAL are the original bill for providing women nurses in the Army and its natural sequel, the Navy Nurse Corps bill; the crusade for prevention and cure of tuberculosis; school nursing; vacation schools and playgrounds; affiliation of schools for a more rounded training; postgraduate courses; preliminary courses; Red Cross nursing; missionary nursing, the recruiting of nurses for war service; the eight-hour day, student government, reorganization, and, last of all, rank for nurses.

All our funds have been raised largely through the publicity and appeals made through the JOURNAL'S pages, beginning with the Hospital Economics fund, and continuing to the JOURNAL Purchase fund, the Isabel Hampton Robb Memorial Fund, the Relief Fund and the Memorial Fund.

With all these other interests, the original purpose of the JOURNAL has not been forgotten. It has served as the mouthpiece of our national organizations, especially the American Nurses' Association, printing the proceedings of its conventions, and giving all its announcements and reports. It has served the state associations in the same way, having been adopted as the official organ by thirty-one of them. Its pages are open, without charge, to all nursing associations for important news items and announcements. It has, in fact, been the medium of communication between our nursing bodies, as it was intended to be.

The JOURNAL departments have varied from time to time and have been in charge of department editors who have been most interested in presenting their own subjects to the magazine's readers in the most effective way. Two who have been with the JOURNAL for many years should be especially named,—Lavinia L. Dock and Elisabeth Robinson Scovil.

Those who have served as president of the JOURNAL Board of Directors and who have often had difficult problems to solve are: Mary E. P. Davis, Isabel McIsaac, Annie Damer, Jane A. Delano, Clara D. Noyes, Sarah E. Sly.

The influence of the JOURNAL during these twenty years has been educative, but conservative—never rash. To many readers the JOURNAL and Miss Palmer seemed inseparable. Her vision was clear, her judgment was sound, her advice carried conviction. Many of her editorials which seemed inspired were the result of long night watchings and meditations; they were not written in haste. The best tribute that can be paid to all those who have helped in its upbuilding is for all who follow to work together to keep it what it has been thus far,—a medium of communication between nurses, a history of nursing progress, a guide and leader in nursing thought.

DIABETES MELLITUS: DEFINITION AND PATHOLOGY

BY S. T. NICHOLSON, JR., M.D.
Clifton Springs, N. Y.

"In the papyrus Ebers, which is a copy of an Egyptian medical compilation already old in the time of Moses, there is mention of polyuria, and it is hard to conceive that such a marked departure from health could at any time have escaped observation." (Saunby.)

However ancient may be the recognition of this departure from health, there are still many missing links in the chain that will finally make the subject of diabetes from every standpoint complete. It is well to consider briefly the normal physiology of digestion, especially that of the carbohydrates, in order to get a clear definition of the disease known as diabetes mellitus.

A diet sufficient to maintain growth and sustain body economy must contain protein, fats, carbohydrates, inorganic salts, water and vitamines, the latter in quantities sufficient to prevent such nutritional diseases as beri beri, pellagra, scurvy and rickets. Chemically, vitamines are known as fat-soluble A, water-soluble B, and the anti-scorbutic vitamine. A detailed discussion of vitamines is not, at this point, essential to our subject, but the digestion and the relationship to each other and to body economy of the proteins, fats and carbohydrates require very careful consideration. On reaching the stomach, the protein molecule is acted on by the hydrochloric acid and the pepsin of the gastric juice and is split into other substances known as proteoses and peptones. These products when passed into the duodenum are broken down by the intestinal enzymes, principally the trypsin of the pancreatic secretion, into the amino acids which are the ultimate building stones of the body. These amino acids are absorbed and carried by the blood to the organs and tissues and they are used for the reconstruction of the broken down protein. Any excess of the amino acids, along with that liberated in the tissues by disintegration of tissue protein, is split into two portions, one represented by ammonia and the other by the remainder of the amino acid molecule. The former is excreted as urea, the latter is oxidized to produce energy. The average requirement of protein in the normal diet should approximately be one to one and one-half grams per kilogram of body weight, or about 100 grams in 24 hours. Growing children and elderly people need more protein than middle aged people. There will be occasion to refer to protein metabolism later.

The next dietary element to consider is fat, its digestion and utilization. Neutral fats are split into fatty acids and glycerin by a lipolytic enzyme present in the pancreatic juice called lipase, assisted by the bile. The bile salts are the constituents of the bile that activate the lipase and in addition the bile aids the digestion of fat by containing an alkali and mucin-like substance which assists in the emulsification of fats. After the digestion and absorption of fat, it is carried to three places: (1) depots for fat, the subcutaneous and retroperitoneal tissues; (2) liver; (3) tissues. The function of depot fat is familiar to all, namely, its utilization in response to special tissue demand, for example, in starvation the depot fat supplies 90 per cent of the energy which maintains the existence of the animal organism. It is important to keep this fact in mind when diabetes is discussed, for fat is the mother substance of the acid bodies, diacetic acid and acetone that cause the most serious complication of diabetes—acidosis. The fat intake in a healthy individual averages about 100 grams daily.

Protein is necessary to repair tissue waste; fat is stored for emergencies. The carbohydrates are necessary as the most readily available and the most easily combustible fuel for the body. All carbohydrates in the diet are reduced by the action of the enzymes from the complex polysaccharides (if they be so ingested) into the simplest sugars or monosaccharides, such as glucose and levulose, and are absorbed in the portal system as such. The first ferment used in digestion of starches is the ptyalin of the saliva. It is not a very powerful ferment and can act only on the starches that are not surrounded by cellulose. Therefore, the free starches that come in contact with the saliva are swallowed and when they encounter the increase in the hydrogen ion concentration of the stomach contents, due to the existence of hydrochloric acid in the free state, the ptyalin is activated. The product of ptyalin digestion is maltose, a disaccharide. The carbohydrates on leaving the stomach consist of the following: (1) undigested starch, (2) glucose, (3) maltose.

In the duodenum there is a powerful diastatic enzyme called amylopsin that originates in the pancreas and flows from the pancreas by way of the pancreatic duct. Amylopsin quickly hydrolyzes the starch through dextrin into maltose. For each of the disaccharides there exists in the intestinal juice a group of ferments called the inverting enzymes. Maltose, a disaccharide, is converted into two molecules of glucose, a monosaccharide, by the enzyme maltase; lactose is converted into galactose; and glucose by lactase and cane sugar is converted into levulose and glucose by invertase.

In animals whose diet does not contain one of the disaccharides, the inverting enzyme is absent. In addition to the above, bacterial

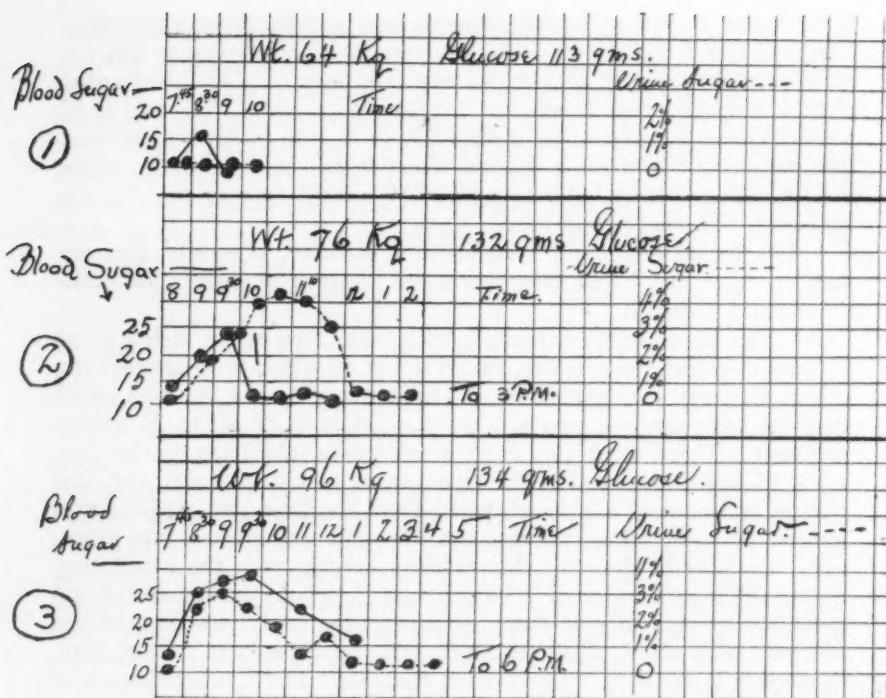
digestion also takes place in the intestine, for example, the splitting of a monosaccharide into fatty acids and gases such as methane, also the digestion of cellulose which is untouched by the ferment. Bacterial digestion is most common in herbivorous animals. The end products of carbohydrate digestion are the monosaccharides, glucose and levulose. These are absorbed into the blood by the portal system.

Digestion up to this point goes on in a diabetic just as efficiently as in a non-diabetic. In other words, the enzyme action of the gastric and intestinal juices in diabetes is the same as in normal individuals. The differentiation between the two lies in the inability of the diabetic organism to utilize the end products of carbohydrate digestion, glucose and levulose, after absorption. This fact I hope to present as succinctly as possible in spite of the numerous hypotheses that relate to it. Though it will be impossible to discuss in detail all these hypotheses, brief mention of the following should be made as a basis for further consideration: (1) There exists a barrier in the non-diabetic individual between the portal circulation and the systemic circulation. You will recall that glucose and levulose are absorbed by the portal blood. Glucose is carried to the liver and muscles which act as warehouses for excess glucose, in which it is converted into and stored as glycogen. The normal blood sugar content is .10 to .11 grams per cent and it is the function of these warehouses to automatically discharge the glycogen which is reconverted into glucose and to maintain this constant blood sugar level. After the digestion of a meal rich in carbohydrates, the excess glucose does not get beyond the barriers, the liver and muscles, in normal individuals, but it is stored in them for body use as glycogen which is reconverted into glucose as it is demanded for body energy and for maintenance of a constant blood sugar level. It must not be overlooked, however, that the ingestion of a meal excessive in carbohydrates, for example cane sugar, may produce in a healthy individual a glycosuria, but not the kind of a glycosuria we find present in diabetics. In diabetes the glycosuria is due to the presence of glucose in the urine regardless of the kind of carbohydrates that is ingested. In alimentary glycosuria in a healthy individual, there appears in the urine an unchanged disaccharide similar to the kind ingested (cane sugar), showing that it was taken in amounts too large for the enzymes to split up into the monosaccharides and for the inverting enzymes to properly function upon.

To the non-diabetic individual as compared with the diabetic individual, Allen's paradoxical law applies—"Whereas in normal individuals the more sugar given the more is utilized, the reverse is true in diabetes." Allen shows that the limit of tolerance in non-diabetic

animals are all apparent, not real. No real limit of power of utilization of sugar normally exists. This law applies to all species of animals which have been tested, to all methods of administering sugar, and to all sugars and carbohydrates, provided they are utilized at all. This paradoxical law regarding dextrose sharply distinguishes diabetic animals from every type of non-diabetic animal. In diabetic animals the limits of tolerance are real and not apparent. In totally diabetic animals the injection of dextrose causes an excretion of glucose not only equal to, but frequently greater than the doses injected. In milder diabetics, not only is the proportion of excretion to ingestion generally high, but the power of assimilation may be made worse instead of better by an overdose. This paradoxical law enables distinctions to be drawn between true diabetes and glycosuria of other types, whether organic or functional. In every form of non-diabetic glycosuria, the power of utilizing dextrose in amounts increasing with the dose, is retained. You will note the distinction between the utilization and digestion of carbohydrates. In true or potential diabetics, on the other hand, by eliminating the element of digestion by giving a monosaccharide, such as glucose, by mouth, either administering a certain amount per kilogram of body weight or by giving a total of 100 grams, (that is, by applying the technic known as the glucose tolerance test), there appears a hyperglycaemia or increase in blood sugar, to be followed by a glycosuria. The inference is drawn that the sugar retaining powers of the liver and muscles are not sufficiently developed to prevent the accumulation of some of the absorbed blood sugar in the systemic blood. Therefore the existence of a postprandial hyperglycaemia, as revealed by the present day method of examining sugar in the blood, makes it possible to detect early deficiencies of carbohydrate metabolism. Aside from tuberculosis and cancer, early recognition is of no greater importance in any disease than in diabetes. It is recognized that in chronic nephritis, resulting in damage to the kidneys and in long standing diabetes, there may be a higher percentage of blood sugar without glycosuria than is usually the case, therefore the examination of the blood is the only accurate means of detecting such disturbances in metabolism except possibly in acute cases. (See Chart.)

In case No. 1, which is an absolute normal, you will note from the chart of the glucose tolerance test, that there was a rapid rise and fall in the blood sugar and there was no sugar in the urine. In cases Nos. 2 and 3, although there were none of the symptoms of diabetes, such as polyuria, polyphagia and polydipsia, a disturbance in carbohydrate metabolism is suspected. The charts are shown to illustrate how an early faulty carbohydrate metabolism may be detected. You



blood sugar known as hyperglycaemia and a subsequent glycosuria. You will recall that in the body economy, the carbohydrates are the most available source of body energy, and now you are confronted with a condition that is marked by failure to utilize this source of energy either in part, in mild diabetes, or in toto in severe diabetes. The result is, therefore, a marked upset in the balance of the metabolism. The proteins and fats must be called upon to provide the necessary balance for nutrition.

The actual signs and symptoms of diabetes, clinically, you are familiar with and I will pass over these in order to discuss the pathology more in detail.

It has been proven experimentally that there exists in the blood a ferment called glycogenase, the function of which is to convert the stored glycogen into glucose as the body needs it, and you will recall that the body needs a constant blood sugar level of .10 to .11 grams per cent. There must also exist a substance inhibitive to this ferment in health, otherwise the glycogenase would run riot and discharge and convert all the glycogen from the liver and muscles into glucose or, even worse, prevent the conversion of glucose into glycogen. Possibly in diabetes this actually occurs, with the result that owing to the prevention of the storage of glycogen, the systemic blood containing practically as much glucose as the portal blood, produces not only high blood sugar readings, but also glycosuria. This, then, is what is thought to be the case in diabetes. There is an absence of an inhibiting substance opposed in action to glycogenase, for in diabetes, depending quantitatively upon the severity of the condition, glucose is neither properly stored nor burned. To prove the origin and character of this inhibiting substance is the chief problem in clarifying the pathology of diabetes. Much interesting work has been done to account for this glycogenolysis or the excessive breaking down of glycogen, but results are not yet conclusive. You will recall that in health there is maintained a constant blood sugar level and in diabetes this does not exist. The question arises, how can this constant blood sugar level be maintained in health? It can be done in two ways. First, by means of a nervous reflex mechanism; second, by the existence of some special exciting hormone. Perhaps the presence of the one may be necessary for the functioning of the other. As an example, electrical stimulation of the splanchnic nerve produces a hyperglycaemia through stimulation of the efferent nerves, also puncture of the diabetic center in the medulla produces the same effect, but if the adrenal glands are removed this phenomenon is absent, therefore it has been thought that the adrenal glands must contain

such a hormone as we are considering, but it is possible to get an epinephrine hyperglycaemia just as it is to get a thyroid hyperglycaemia without the actual presence of diabetes, but that adrenal secretion is necessary for glycogenolysis is not disputed. The conclusion, however, seems justified that glycogenic function is subject to nervous hormone control. Hyperthyroidism, with its associated increase in metabolism and its sensitiveness to adrenalin even though associated with hyperglycaemia and glycosuria, does not present the picture of permanent diabetes.

In true diabetes, there is furthermore an effort at a new formation of glucose in an attempt to compensate for the disturbance. As an example, glucose in true diabetes is manufactured from the protein molecule. Animals treated with phloridzin excrete all the carbohydrate which is administered to them. If an animal so treated is starved until all stored glucose has been eliminated, it will still continue to excrete glucose. It has been proved that this glucose does not come from the fat, but must come from the protein of the body. Studies of the dextrose (glucose) and nitrogen relationship in the urine, known as observations of the dextrose: nitrogen ratio are used in estimating the degree of severity of serious cases of diabetes. Extremely severe cases—absolute diabetics—present evidence of this conversion of the body protein into glycol aldehyde, glycerol and lactic acid, which are then further converted into glucose.

To return to the consideration of hormones, it is possible that certain ductless glands such as the pancreas, the adrenals, the thyroid, the para-thyroids or pituitary, by virtue of their internal secretions strongly influencing sympathetic nervous control, may bear a relation to diabetes. If so, the mode and type of action remain to be demonstrated.

Allen in the last few years has cleared up many obscure points in regard to the actual experimental production of diabetes and its treatment by removing parts of the pancreas containing the islets of Langerhans. He has been able to produce diabetes experimentally in dogs, and the work of Winternitz, Opie, Cecil, and others has, in a large majority of cases of diabetes that have come to autopsy, demonstrated pathological changes in these islets. In some instances there has been a definite hyalinization of the islets, in others the evacuation of the cells of the islets. The weight of evidence to-day suggests that the primary pathology of diabetes mellitus is in the pancreas, specifically in the cells of the islets of Langerhans. To show sufficient proof to permit the conclusion that these cells furnish the missing hormone whose function provides for the proper storage and oxidization of glucose either directly through an internal secretion or in

combination with the secretions of the other ductless glands is not, however, now possible.

Further evidence of pancreatic disease as the cause of glycosuria presented itself in this clinic a short time ago. A robust healthy laboring man, 40 years of age, was admitted to the clinic complaining of severe epigastric pain of few days' duration. Death resulted before there was opportunity for complete study, but the fact that there was a glycosuria was noted. At autopsy there was a complete fat necrosis of the pancrea due to the back flow into the pancreas from the common duct obstructed by a gall stone lodging in the ampulla of Vater. The microscopic sections of the pancreas showed that necrosis extended into the islets of Langerhans in this instance.

In the treatment of diabetes Allen lays down one essential principle which has been followed with satisfactory results in this clinic for six years. The underlying principle of treatment is as follows: Assuming that we have an organ which is incapable of performing its full function, we must give this organ only the amount of work that it can do, therefore, the tolerance for carbohydrates in each individual case of diabetes must be worked out and we must not overburden the pancreas with too much of a load, for there is a downward tendency in tolerance when the pancreas is overloaded. Cases of diabetes should not be discharged with one or two per cent sugar in the urine, as was formerly done, but they should be kept sugar free with as normal a blood sugar as possible and the urine should be kept free from ketone bodies (acetone and di-acetic acid). The dietary deficiency in carbohydrates may be made up to a certain extent by the addition of fat, but it must be borne in mind that for the complete oxidation of fat, the oxidization of carbohydrates is necessary. In other words, a large intake of fat, exceeding the intake of carbohydrates, results in a smudge instead of a bright burning fire. The smoke from the smudge, if I may be allowed to make this comparison, constitutes the abnormal products of the fats which produce the most serious complication in diabetes,—acidosis.

To sum up, the final principle guiding treatment,—a sugar free urine, a blood sugar level of .10 to .11 grams per cent, and the absence of the aceto-acetic ring in the urine. In order to produce this combination which is, of course, the ideal, the patients in many instances cannot be allowed the desired 25 calories per kilogram of body weight, nevertheless, it is surprising in following cases on low diets to observe how well they tolerate them. To do entire justice to the patients, active coöperation must be established between the physician and patient. Patients must be taught their tolerance and the importance of keeping the urine sugar free, as well as the methods for determining

sugar in the urine and the requisite dietary variations. Great emphasis should be placed on the necessity of building up in the patient a morale which will suitably equip him to undertake with enthusiasm and resoluteness the battle which lies before him.

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Macleod—Physiology and Biochemistry in Modern Medicine. C. V. Mosby Co., St. Louis, Mo.

Allen—Glycosuria and Diabetes. Harvard University Press, Cambridge, Mass.

M. C. Winternitz—Hyaline Degeneration of the Glands of Langehans. Johns Hopkins Hospital Reports, Vol. XVIII, Fascic. 1.

THREE CASES: THE MONEY TEST

BY AGNES JAMES, R.N., AND KATHARINE JAMES

Cincinnati, Ohio

"Since you," I said to Mary some weeks later, "seem to be developing into a specialist in emotional disorders, it behooves me to get into a line that promises some sort of interest. I haven't had anything for weeks now, but a procession of 'Little Lord Fauntleroys' with adenoids."

"That's surgery," said Mary severely, "and just what you chose, and I don't see how you can accuse me of specializing in emotion; my last call was an obstetrical case."

"Well, you wouldn't say emotion was absent, would you?"

"Not exactly," she giggled, "I think the father felt quite a bit,—it was twins."

"Horrors! I hope they paid you treble."

"No, they didn't do that, but they did call the girl Mary and the boy Penley, as a graceful acknowledgment of my services."

"That didn't cost them anything anyway," I said. "What's little Penley's second name?"

"Poppapoulos—Greek, of course."

"Well, it might be worse! He'll probably have a nice nose and by the time he grows up they'll have a hyphen or call themselves something else, or both—the Pope-Poules, perhaps."

"Yes," she said gravely, "at the rate they were getting rich, they're due to be rather awful members of society in another ten years."

"Please God I'm not nursing," I said fervently, "or I'll be sure to get them."

"Poor old Cordelia," she said sympathetically, "try your luck at the first thing that comes; you may get something quite romantic."

Well, I did, and just to show you how futile it is to attempt to escape your destiny, I'll relate my experience. Had it not been for a little love story—but there—I mustn't anticipate, as the writers say.

Mary went out first, of course, carrying her suitcase to brave some unknown fate, and feeling lonely, I made some fudge and washed my hair. That did not take long and I was just looking around for something else to do, and wishing I dare go out, when the 'phone rang. It was Dr. Slater, or "Slats," as we used to call him in his interne days, but he has such a fashionable practice you'd certainly never do it now.

"I'd like to speak to Miss Pitt-Graham," he said.

"You're doing it," I answered meekly, and he laughed in his nice old way, and went on to tell me that I was the one and only nurse for a very special case he had. That sort of thing always makes me suspicious, so I reminded him firmly that I disapproved of rest cures, or obstetrics, or contagion, as a means of livelihood.

"That's all right," he said cheerfully, "this isn't any of them, but I simply must have a nurse with a hyphenated name. She'll be treated as one of the family and absolutely everything is done by electricity, an attachment for your toothbrush, even, and they'll send a car right away."

He said the patient was a lady with a broken ankle, and that there wasn't much to do,—a very simple statement and I couldn't understand his sort of suppressed humor. The limousine that came for me was a dream, and I congratulated myself on getting in on the real thing at last, pedigree and all.

It was getting too dark for me to see anything but that the house was huge, and the hall very gorgeous; tapestry, armor, spinning wheel and everything in baronial style. I was conducted upstairs, and after I'd left my things in a dressing room, a maid took me to my patient. To my great surprise, instead of finding a stately dame to match the settings, she proved to be a girl about twenty-five. There she was in that splendid room, the most forlorn, neglected looking thing I've ever seen.

I think she'd been crying, and she looked scared at the pair of us, but after the maid had gone, I made friends pretty fast and before I got her fixed up comfortably, I think I had the lay of the land fairly accurate.

Her name was Lyda Crone—"Lyda spelled with a y"—she told me, and the house and everything in it belonged to her brother-in-law, Ed Hutchins; her sister Daisy, or "Daze" as she called her, was Mrs.

Ed, and until the war broke out they'd been in some line of business in a small way and Lyda had lived with them, to help out in the store and with the two children. Business had prospered, and by judicious investment Mr. Hutchins had made enough money to get in on coal or steel or something big, and things had come his way at such a rate it took him all his time now, just taking money in. His wife was crazy to get into society, and she seemed to be doing it tooth and nail, but Lyda hated the whole thing. She'd have liked to stay where she was, but Mr. Hutchins insisted on her sharing the glory, and Daze was afraid of leaving her, and the discovery of her obscurity betraying their small beginnings.

So Lyda was forced into opulence, so to speak, and very unhappy. She dodged all the functions she could, but once in a while it was impossible, and it was at an unavoidable dance the night before, that the ball room floor and her fish-tail had been too much for her, resulting in a broken ankle. Dr. Slater, who was amongst the guests, had been perfectly dear, and that was the history up to date.

I confess I was anxious to see the rest of the family, the seniors, that is,—both the children were at finishing schools, Lyda said. Just before dinner Mr. Hutchins came in and I liked him. I judged him to be in the early forties, already beginning to get a comfortable figure and his hair thin on the top, not a bit good looking, but clean shaven, with a humorous comedian sort of face, quite interesting when he looked troubled, which I discovered to be pretty often. I guessed why, after I had seen his wife, or "the misses," as he called her when he forgot.

Her arrival was heralded by quite a commotion below stairs, doors opening, servants hurrying round. Mr. Hutchins and my patient both seemed scared, but they'd worked their faces into easy smiles again by the time the lady got into the room. However, she hardly looked at them, she was so keen on seeing me, and I want to tell you, I was never so glad in my life for the hyphen in my name, and that I'd washed my hair! She was atrociously common, and like a good many more of her type, thought rudeness the right attitude to adopt to anyone in a subordinate position. I wish I had a steeneth part of the money that her clothes must have represented, but if I had to take her face and manners with it, I wouldn't accept the whole thing.

Life is really full of compensations, isn't it?

I ate with them—I think the hyphen decided that—and we dined to the Hungarian Rhapsody on a Steinway grand, played by pressing a button! The dinner was all right of course, and Mr. Hutchins was as nice to me as he dare be, with his wife's eye on him. Before the meal had more than started, I knew that Serita's laundry alone cost

over five hundred a year, and that John Wanamaker positively lost sleep over his failure to supply Homer with his accustomed brand of underwear last term. These recitals, and watching Daze, who wasn't sure whether to be distant or coy with the butler, kept me highly entertained, and if it hadn't been for a remark at the close of the soup, all would have been well. I think it was prompted by a momentary reckless solicitude for my welfare, on the part of her husband, but fixing me with a glittering eye, she asked me where I had learned to eat soup out of the side of my spoon. With all the composure I could command, I answered that I had the advantage of heredity in that accomplishment, and also in being able to do it noiselessly.

My patient and I occupied a suite of rooms, and I must say we had everything to make us comfortable; Mr. Hutchins even sent up the victrola, for which Lyda had a great weakness. He'd come up every morning before he went to his office, just to be sure there was nothing we wanted, and he was so kindly and genial, you never noticed the things he wasn't. Then, later in the morning, Daze would sail in, heavy with toilet water and tricked out like the Queen of Sheba.

Dr. Slater would come about noon, and his visit was the high light of our day. He generally stayed a good long time to liven us up, and of course he knew exactly the right thing to say to Lyda to put her at her ease. After lunch I'd read "Thelma" aloud, and then while my patient took a nap, I went out in one of the cars. The house was generally full of guests by the time I returned, and Daze, in evening dress, would be dispensing afternoon tea! Needless to say, my duties did not include participating.

(To be continued)

THE POSITION OF THE NURSING PROFESSION TODAY¹

BY DAMON B. PFEIFFER, M.D.
Philadelphia, Pa.

About six years ago from a squalid room over a wine shop in a Serbian town went forth a man, otherwise inconspicuous, who carried a bullet that was destined to kill 13,000,000 men, to maim and mutilate a countless multitude, to widow, orphan and starve still other uncounted millions of women and children and to destroy over three hundred billion dollars' worth of the world's wealth. That burden rests heavily on us all and will remain in part for generations. It is true

¹ An address to the nurses of the Presbyterian Hospital, Philadelphia, May 6, 1920.

that his shot was but the stone cast among the armed offspring of the dragon's teeth sown by the militant leaders of world polities. Nevertheless, two important lessons can be drawn: first, the logical outcome of a mistaken policy; second, the incalculable influence of a single act.

Contrast another life, a young woman born just a week less than a century ago. As intense as was the lust to kill within the heart of this assassin of Belgrade, so burned the desire to save within the breast of Florence Nightingale. Just as the scenes were set for the havoc of death and destruction that we have witnessed, so was the stage laid in the Crimean War for this woman to demonstrate to the world the power of intelligent, skillful care in the saving of human life. As great as were all the losses of the world war, they are destined to be swallowed up by the salutary influences of the work to which this inspired woman gave the chief impetus. It is not given to many as to this man and to this woman to be landmarks of good or bad eminence, but it is given to every one to be the origin of concentric waves of influence that spread to shores unknown. It is hard to hold this in mind in the periods of humdrum or of stress which come inevitably to all.

I have ventured to speak thus briefly of generalities because more than we can realize depends upon the spirit and the policy in which many concrete problems now confronting the nursing profession are solved. It is difficult to read the future except by the past. But the past of the nursing profession is so recent that it affords few examples of that ebb and flow from which the analytical historian can solve the riddle of the future. The history of nursing since the inception of the modern movement has been a full current of expansion and increased opportunities; it has all transpired within a hundred years and most of it within the last fifty. The perspective is small but glorious, culminating in the wonderful response of the nurses in the late emergency, when more than 33,000 nurses volunteered for active service and thousands more stood ready to go when they could leave their civil responsibilities with a clear conscience. It is a far cry from the War of the Revolution when we find entered in the Journal of Congress, October 9, 1776, a resolution "that the wages of nurses be augmented to a dollar a week." It is a far cry from the days of Florence Nightingale when she was able by her hospital reforms to reduce the mortality in a military hospital from over 40 per cent to about 2 per cent. It is a long era in achievement since our Civil War, when the nursing was left to Sisters of Charity, to convalescent patients, and untrained women. In the Spanish American War, the nurses of the country first had an opportunity to demonstrate the essential character of their services, and in the last war there was

never any question of the necessity for a large and well trained force. It fell to my lot to observe closely the character of the work of a considerable number of nurses in the American Expeditionary Force. I have seen a thousand patients admitted to a hospital within ten days after it had been assigned to an empty French barracks, with only fifteen nurses, who were all that could be spared for it, at the time. Within that period the place was cleaned, equipped for all necessary work, and was functioning in a way that I sometimes feel is a reflection upon our civil hospitals. Of course the hospital corps men did most of the laborious work and it is far from my purpose to detract from the credit which rightfully belongs to them for their willingness and adaptability, but many of them had scarcely seen the inside of a hospital and without skilled direction and supervision there would have been chaos, suffering and a high mortality. These few nurses leavened that lump. They supplied the skilled direction of the diet, care and comfort of the patients, allowing the medical officers to concentrate on the medical and surgical work, of which there was sufficient to absorb their whole time and energy. I have never seen a nurse flinch from detail on presumably dangerous duty at the front, with operating teams. I have seen many disappointed that they could not go. I have known of instances when nurses remained at exacting work under shell fire or during bombing raids, and have knowledge of some who continued their duties even after being wounded. The country has reason to be proud of the record of its medical department in the war. In sanitation, preventive medicine, and in the treatment and care of the sick and wounded, that record has never been equalled, and to the nurses must go a large share of the credit, for without them this degree of success could never have been attained.

In spite of the glorious history of nursing, in spite of the rapid expansion of the field open to graduates, we find to-day not only an absolute scarcity of nurses for present needs, but an apparent widespread disinclination of young women to enter this calling. This must be only a temporary phenomenon, a part of the general unrest, a symptom of the unsettled balance of the social structure which is a legacy of this war, as it has been of all other wars. Society has placed the stamp of its approval upon the trained nurse. She is as necessary a part of the fabric of civilization as are labor, capital, politics and the professions. She is needed to-day not only to nurse the sick, but to teach the art to her successors, to serve in technical and administrative capacities, to disseminate useful knowledge of health, disease, and prevention through the medium of the social service, visiting nurse, and public health nursing movements. In

emergency hospitals and in the welfare departments of large industrial and commercial enterprises, in the warfare against tuberculosis, in sanitation, in the most efficient methods of dealing with infant mortality and in the problems peculiar to childbirth, there are fields of endeavor which will repay a hundred fold the enlightened nation that will employ an army of qualified women to disseminate and make effective the knowledge which we already have of the prevention and treatment of disease. This accumulated knowledge to a vast section of the population is as a closed book because of ignorance, superstition, poverty, carelessness, or the lack of practical means of initiating and carrying out effective measures. The nursing profession is the ideal agency through which this knowledge can be translated into wise and effective action.

These are mere indications of the immensity of the problems and work to which a devoted body of women can contribute. As concrete instances of what I mean, the following may be cited: The Metropolitan Life Insurance Company reduced the mortality among a section of its small policy holders by 12.8 per cent in five years by visiting nurse services. New York City reduced infant mortality in ten years from 186 to 80 of each one thousand babies, very largely through nursing service. In Boston, out of 731 cases where proper medical and nursing care before birth were made available, the death rate among these babies during the first year of life was cut in half; during the second year, one-third. Still births were fifty per cent less than usual and the maternal mortality was reduced fifty per cent. These problems are to be met and solved, not after the manner of the theorist whose dreams take no account of the nature and frailties of humankind and who thinks to build in a day a social scheme upon a foundation of virtues which do not exist in us, but by a far sighted comprehension of the motives which actuate the ordinary man and woman, you and me, retaining the driving impulses of human endeavor which are individual creation, initiative, achievement and reward. These in themselves spell voluntary coöperation and not the dead level of standardized socialization, the dream of the foolish, the happy hunting ground of the lazy, the elysium of the improvident.

If you would entertain any such high ideas of your proper future, your ranks must be recruited up to full strength, and if society wishes to develop the potentialities for progress in this agency, it is for society to see to it that the movement shall not fail through lack of the necessary attractions. If you fail as nurses in your recruiting, society will not do without,—it is much too dependent upon your services,—but a back door will be found into your profession which will degrade your standards and will escape your control in spite of

all your efforts. Already the shortage of nurses has led to certain ill-advised attacks upon the height of your standards. It has been alleged that you desire to profit by the resulting scarcity. A movement is on foot to train and legalize attendants for the sick who shall enter a course of training with lower requirements and serve a shorter time. "A cheap nurse for a poor man" is an attractive popular slogan and the result, unless kept within proper bounds, may be embarrassing. The medical profession has made it possible for any man, however poor, to obtain medical service. The nursing profession must stir itself to deal with the growing demand for skilled attendance upon the sick, or the problem will be solved by others. The first duty of a man, said Roosevelt, is "to draw his own weight." Your first duty is to provide nursing facilities for the sick before you can go on to the full development of this great scheme for social betterment to which I have referred, otherwise you will be attacked in the flank and diverted from your highest tasks. Get recruits for your own sake and for the future of your profession,—get recruits; but do not waver in your fight to maintain the present standards or even to raise them if opportunity presents. The pendulum will swing. The reasons which now deter young women from flocking to our schools of nursing will be relieved or will be viewed differently when the present fever abates. The world has fallen from the rarified atmosphere of idealism and sacrifice, into a materialistic debauch. The young woman of a few years hence will think less of her pay envelope and more of her vocation, less of the house off and more of the hours on. The world is not going to lose its everlasting soul. The moral springs now meandering gaily through sentimental meadows will again be diverted into useful channels and made to turn the wheels of progress. The gushers of uplift will be throttled and connected with pipe lines that convey spiritual fuel to the nation. There is in nursing and its logical supplementary activities an appeal that will always draw a supply under normal circumstances.

To all who take part in the direction of the training and the activities of nurses, particularly to hospital boards and to the great uninformed public, I would say that the profession of nursing must be relieved of its handicaps as compared with other occupations. With the increase of wealth and the elevation of standards it now costs more to educate a doctor, a lawyer, an engineer, a clergyman, a litterateur, a chemist, even a scientific farmer, than any one of them pays for his schooling. The nurse pays her own way and more. She has done and is doing more than "drawing her own weight." The neglect of public support of the specific field of the education of nurses, now contrasts sharply with the demand for her services. We are now

asking her for much greater service in the cause of humanity. Society cannot afford to be niggardly or selfish. The stream of private benefaction must be turned into this channel. Greater prizes of place and position should be established for those who become eminent in this profession as teachers and administrators. The eight-hour day is here. The reduction of drudgery in the course will be brought to the point where it is necessary only for the purpose of eliminating the temperamentally unfit and for the development of the individual. There will be a fund to remunerate teachers and possibly an arrangement with a school or university whereby the fundamental sciences will receive adequate presentation. There will be less of the military atmosphere than exists in some schools at the present time. There will be funds to maintain private nurse attendance upon ward patients in special need of it. I would call your attention to two such donations to the Presbyterian Hospital of Chicago in the sum of \$20,000 each, the income of each to provide a special nurse for post-operative or seriously ill patients.

These are some of the things that hospital managers, staffs and executives are thinking of to-day, and not only are they thinking, they are beginning to do them. If the true value and dignity of the position of the nurse in all her varied functions can be placed squarely before the public and before the minds of those who are choosing a calling, can we doubt that the lesser opportunities of commercial and industrial life now open to women will meet with less favor?

I do not believe that I have spoken of the impracticable or of the millennium. We must be patient, but we must be clear as to the issue and insistently progressive as to methods.

I have spoken to you as members of a profession, for nursing in its high demands for qualifications and character is no less. A remark of the late Dr. S. Weir Mitchell has always recurred to me in this connection,—“A business may prosper with honesty, a profession exacts honor.” I can leave with you no better thought.

DEPARTMENT OF NURSING EDUCATION
IN CHARGE OF
ISABEL M. STEWART, R.N.

AN EXPERIMENT IN THE PROJECT METHOD OF TEACHING

BY SISTER DOMATILLA, R.N.
Instructor, St. Mary's Hospital, Rochester, Minn.

Difficulties Arising in the Old Methods of Teaching.—The methods of teaching commonly used in the training school are the lecture, the recitation, and the quiz. Many of us have found that these methods are not entirely satisfactory. Among the difficulties encountered are:

(1) A lack of interest. By interest I do not mean a passing excitation or activity, but a genuine interest that is marked by the absorption of powers, an interest that will result in the student engaging herself in a wholehearted way. A student may do fairly good work without being actuated with this real live interest but, as Mr. Dewey tells us, it is absurd to suppose that a student gets more intellectual or mental discipline when he goes at a matter unwillingly or indifferently, than when he goes at it out of the fullness of his heart.

(2) There is a want of correlation—a failure to make adequate connection between classroom work and the actual problems that involve and justify that classroom program. The student may learn many things in the classroom and know them in such a way that she could answer examination questions, but she has not learned them in such a manner as to have them available for practical use when the hour of need should arise. She remains almost helpless in the face of practical situations. Much of the classroom theory is pigeonholed, and remains so, because it has not been related to the student's actual problems. This is especially true in such subjects as Anatomy and Physiology, Chemistry, and Bacteriology.

(3) Books are not used to best advantage. There is an over-emphasis on the textbook and not sufficient attention given to the use of textbooks and other material. Books are our servants, not our masters. They should be read to derive the facts and ideas which are essential in the solution of problems, and not to find out everything that an author has to say. The sources from which data can be gathered, regardless of the subject under consideration, are almost without number, but they are not utilized in the best possible manner.

In the past we have aimed only to equip our students with a body of knowledge in order that they may sometime find use for this body of information in their work and in later life. Instead, we should

emphasize the control and direction of mental activity toward some end, that is, the solution of the problems that they meet. It is this purposive activity that we desire, and not mere drifting.

The Project Method. What Is It?—The project method is the utilization of the purposeful act in the educative process. It is an attempt to present subject matter in response to the need which students feel for the material to be presented. It is a psychological method of introducing subject matter. In the teaching of Chemistry, for example, it may seem logical to teach the subject "chlorine" by calling attention to the history of the gas, its occurrence, properties, method of preparation, uses, compounds, etc., but to the student nurse, the problems which will probably be more logical and more satisfying to her desire for investigation, will deal with the actual practical value of chlorine in her field of work. For instance, what is it that makes Dakin's solution valuable in the treatment of wounds? or, how can chlorinated lime be used as a disinfectant? If a student is directed in the careful analysis of such a problem, the information regarding chlorine, as outlined above, will be mastered and will be remembered because such information is associated with the solution of interesting and practical problems. In the project method, then, we must get the student's point of view, discover her problems, and organize the material to be presented with reference to these problems.

Dr. William Heard Kilpatrick, in a paper on the project method, gives us the following in regard to classification of the different types of projects: Type 1, where the purpose is to embody some idea or plan in external form, as building a boat, writing a letter, presenting a play; type 2, where the purpose is to enjoy some (esthetic) experience, as listening to a story, hearing a symphony, appreciating a picture; type 3, where the purpose is to straighten out some intellectual difficulty, to solve some problem, as to find out whether or not dew falls, to ascertain how New York outgrew Philadelphia; type 4, where the purpose is to obtain some item or degree of skill or knowledge, as learning to write grade 14 on the Thorndike Scale, learning the irregular verbs in French. It is at once evident that these groupings more or less overlap and that one type may be used as means to another end. It may be of interest to note that with these definitions the project method logically includes the problem method as a special case. It seems to me that this classification of projects should convince us at once that the method is applicable to any subject.

An Experiment in the Teaching of Anatomy and Physiology by the Project Method.—The school in which I tried out this experiment was connected with a hospital for children. At once you can see that this limited the number and variety of problems that might have been

used in the course. Twelve bright, enthusiastic young women made up the class. Small as the class was, the students fell into two distinct groups, one much better prepared than the other and consequently able to do better work. The material to be covered was the first half of the course in Anatomy and Physiology, in fifteen lessons of one hour and one-quarter each.

I began the experiment with the study of bones. The first part of the hour was devoted to the raising of the problem. This was done in two steps.

First Step.—The students were made to realize the importance of the knowledge of bones. The following points were brought up in the discussion: (1) The great number of bone diseases makes it desirable to establish special orthopedic hospitals; (2) In most general hospitals, orthopedics forms a special department; (3) All nurses are called upon to do some orthopedic nursing; (4) Many nurses make this branch of nursing a specialty; (5) Many orthopedic cases are difficult to care for; much skill is required; (6) Recent progress and development as result of the war, calls for still more intelligent nursing; (7) Many medical and surgical cases involve bones—rickets, sinusitis, Kraska, etc.; (8) A knowledge of bones is necessary in order to properly instruct patients, and mothers caring for sick children; (9) The knowledge is necessary in order to understand doctors' orders and conditions described in books, magazines, etc. There was nothing in the above points that the students did not already know, but the aim was to bring out all these facts in order to impress them with the importance of the knowledge of bones.

Second Step.—The students were brought to recognize their lack of this knowledge. They were asked to name several bone diseases. Then we selected one disease,—rickets, the one with which they were most familiar,—to show the need for more knowledge about bones. These are some of the questions that were put to them: Why is rickets common among children? Why do the child's legs become bowed? Why is the child pot-bellied? Why the peculiar shape of the head? What treatment are you giving and why? Similar questions were asked about fractures. Of course, the students were not able to answer many of these questions, even though the conditions were quite familiar to them. The object of these questions was to make the students feel their lack of necessary knowledge, and also to give them some idea of what knowledge they ought to have.

After a short discussion the students were asked to reflect a moment on the matter, then to write out a statement of the problem that they thought we had before us in this course of Anatomy and Physiology. The answers were collected and the following was agreed

upon: "The problem we have before us in this course is to learn the name, composition, and function of the different bones of the body in order that we may have the fundamental knowledge necessary to do intelligent nursing; to teach simple lessons in relation to bones; and appreciate literature involving the subject." We then took up the composition of bone. Four lessons followed this introductory one, and at the beginning of each lesson, one of the students was asked to state the problem. Each week two or three of the students were asked to report on conditions they had found in the wards which related to the problem, and on the applications they had made.

After we had completed the study of bones, I checked up the results and found that I had made at least two mistakes. First, the problem was too big, too general, it had no beginning and no end. It should be something concrete, and so specific that there would be no question of its boundaries; it should be one that can be easily kept in mind. The work on bones is usually anticipated, that is, it is given before the students have met many of the problems around which the subject matter can be grouped, so in that case a different kind of project must be used. A project of the fourth type that is most fascinating, and which results in a thorough knowledge of bones, is the modelling of a miniature skeleton from clay. Each bone is formed separately and later they are joined together to make the skeleton. The bones of the human body are used as models. While the student is modelling the different bones, she keeps her book before her and learns the names of the bones and their parts as she works on them. The bones of the head could be learned by making them the subject for a contest, for the separate bones could not very easily be modelled. This method of approach makes this usually uninteresting subject of bones most fascinating. The student learns to use her hands, and it may open to her a new avenue of activity.

If the student is familiar with the disease of rickets, the following problem might be used: "What is the bone condition in rickets that calls for the treatment you are giving?" In the analysis of this problem the student will learn the composition and microscopic structure of bone as well as the process of regeneration.

A second mistake that I made was in placing emphasis on the textbook rather than on the problem to be solved. If some one had asked those students at any time during this work what was their lesson in Anatomy and Physiology, they probably would have said, "Pages 60 to 89 in Kimber and Gray," and not that they had a problem to solve. After a suitable problem has been formulated, all emphasis should be put on the solution of that problem and the book should be used as a means to that end. Despite those mistakes we had gained

something. The interest of the students was aroused and we began to think in terms of problems, actual situations in the wards.

In the beginning it is very difficult to get the students to bring their problems to the class room, they seem to live in blissful ignorance of many of the problems that surround them, but with adroit maneuvering on the part of the teacher the students can be directed in their investigations. For instance, in one of the lessons the subject of rickets was used in the development of the problem. The students did not feel that this was a problem for them. They had taken care of many cases and they knew the symptoms, the treatment, and the nursing care. It was not until I had asked several questions which they could not answer that they realized that this was actually a problem. I think that familiarity with objects and situations is often mistaken for knowledge, so in the beginning the teacher will frequently need to guide the students in the direction of the problem and even anticipate it sometimes. Toward the end of the semester, when the students were more familiar with the method, it was no longer necessary for me to direct them in the selection of their problems, for the solution of one problem brought on several others that could be used to advantage. The following project will illustrate this point.

Only five periods remained in which to cover the chapter on Foods and two on the Digestive System. I had learned by this time that the greater the number of projects one used to cover a certain amount of theory, the longer would be the time required, and on the other hand, if the project covered a large amount of theory, there was much time saved. I was anxious, then, to get a project that was not only clear and specific, but one that would cover that material. The following was the project chosen: *Plan a well balanced meal for an adult doing moderate exercise, and trace the activities of the digestive system and the changes that take place in the food, from the time that the meal is ingested until the waste is given off in the feces.* The outline of the general introduction was as follows:

A. Importance of knowledge of digestion in dealing with 1. Healthy individuals, for (a) Prevention of gastric disorders, constipation, etc.; (b) Intelligent planning of diet; (c) Giving advice regarding the subject. 2. Diseased individuals, for (a) Adjustment of diet is necessary in all diseases and the responsibility usually falls to the nurse; (b) Special dietetic treatment required in many diseases such as rickets, scurvy, diabetes, kidney diseases, stomach and intestinal disorders, tuberculosis, etc.

B. Pupils' recognition of need.

Here again this was accomplished by questions that not only

convinced the students that they needed this knowledge, but also gave them some idea of what knowledge was necessary.

Specific problems were then taken up and the one given above was chosen for the class project. A word of explanation regarding the problem might not be amiss. The first portion—*Plan a well balanced meal for an adult doing moderate exercise*—would cover much of the work on foods as given in Gray's Anatomy and Physiology. The student would need to know the classification of food, the food principles, their caloric value, the amount of food necessary for normal nutrition for a given individual, and the method of calculating the value of common articles of food. The second portion of the problem—*follow the activities of the digestive system * * * from the time that the food is ingested until the waste is given off in the feces*—would cover the work as given in the chapter on the digestive system, for the student would need to know the structure of every part of the digestive apparatus, as well as its mechanical action. The third portion—*the changes that take place in the food*—would require a knowledge of the chemical as well as the physical action that takes place, the time of such action, and the steps in the hydrolysis of complex molecules of proteins, fats and carbohydrates, to simpler molecules. In other words, it completes the work on foods as given in Chapter XV of the text.

The students agreed to work out the first portion of the project—*Plan a well balanced meal for an adult doing moderate exercise*—for the following week. No text book assignment was made, but it was interesting to find that the students not only used their text books and reference books in Anatomy and Physiology, but their books in dietetics as well. That is what I mean by saying that the books should be used as a means to an end, not as an end in themselves. The following week each student presented her plan to the class and gave a detailed explanation of the manner in which she worked it out. In doing this, and in answering the questions and the criticisms of her classmates, she incidentally made a complete recitation on the subject of foods. That recitation was not merely a rehearsing of facts, but an intelligent presentation of the solution of a practical problem. The students chose for the work of the next week the activity of the mouth and stomach in digestion and the resulting changes in the food. The entire project was completed in five lessons.

The students were then asked to think of some way of presenting the whole project worked out. Several methods were suggested, but the graphic method was the one selected by the majority of the students. In this method the activity of each part of the digestive system was represented by a graph. This graph showed the degree of

activity taking place, the time of such activity, and the end products. These graphs were arranged in order; the first one representing activity in the mouth and the last the activity of the large intestine. This gave the student a complete picture of the entire process of digestion.

On completion of this work on food and digestion, we had one drill lesson. The questions that had been asked in the beginning of the work on digestion to make the students realize their need for this knowledge, were asked again. Now the students were able to answer them and felt great satisfaction in doing so. They then brought up such questions as these: "Why do some people who eat very little become fleshy, while others who eat a great deal are always thin?" and "Why is albumin in the urine a bad sign?" The first question would have been an excellent problem on which to hinge the work of metabolism, and the second one for the study of the kidney. There was no longer any difficulty in getting expression from the students, and they felt, too, that they would know how to go about any problem that might come up for solution.

Conclusion from Foregoing Experiment:

1. The project method is really called for in our work and is far superior to the older methods of teaching.
2. The problems should be the students' problems and they should be simple, brief and concise.
3. The greater the number of problems for a given amount of theory, the longer will be the time required to cover that theory.
4. In the beginning the students will need to be directed to their problems, but as they become familiar with the method this will not be necessary.
5. The method insures greater interest and a better correlation of theory and practice.
6. The text books are used as a means to an end and not as an end in themselves, and the students will not limit their work to one book, but will use every source of information available. They learn where to go and what material to use in the solution of their problems. They learn how to study, for when they are working toward the accomplishment of some definite result they keep to the main issue, they become critical of the contributions offered by their companions, they reason clearly for themselves, and they use their energies to best advantage.
7. Drill lessons will be necessary occasionally. The laboratory method will be included in the project method.
8. When several problems can be made to cover the same material, it is well to have the class working in small groups, each group taking a different problem. For example, in the study of the kidney

one group might take such a problem as this—"Why is albumin in the urine a bad sign?" Another group might choose—"Why is it that in some kidney diseases the patient is given a great deal of water, while in others, no water is given?" Still another problem might be—"Trace the excretion of waste through the kidney." There are always some students in the class who like to draw and make diagrams. A good project for them would be to make a large diagram of the kidney showing microscopical structure. The students could be given a week to work out their problems and at the end of that time they would present them to the class. This would be an added incentive for them to do the work well. In each of the problems mentioned above, the structure and function of the kidney would be learned, but a drill lesson might be advisable to make sure of gathering up any loose ends.

9. The method makes the work elastic. It gives the bright, ambitious students enough to do, for they can work the problems out in great detail. It is more easily grasped by the less capable students because the close correlation of theory to concrete cases makes it easily understood and remembered.

THE MISSISSIPPI VALLEY CONFERENCE ON TUBERCULOSIS

The Mississippi Valley Conference on Tuberculosis was held in Duluth, Minnesota, September 2 and 3. There were 325 delegates from out of town, including about fifty nurses from six states. Anna Drake, State Supervising Nurse for Iowa, was chairman of the Nursing Section, in which several short and interesting addresses were made. The special topic for the nurses' luncheon was "Recruiting of Nurses," where the suggestion was made that it is better to send a laywoman who is an interested, able speaker, than a nurse who might leave a poor impression behind her, no matter how excellent her nursing career had been. The State Association of Iowa won the silver cup offered for the largest number of Health Crusaders completing the final tournament, which indicates that the fifteen weeks' training has been concluded. The St. Louis County Sanitarium at Nopeming, Minnesota, displayed an exhibit of patients' work that brought forth a great deal of deserved praise, for the articles were excellently made and covered a fairly wide range.

The following resolution was adopted by the Nurses' Section:

"Whereas, nurses' training schools in past years have given comparatively little training in tuberculosis, and

"Whereas, tuberculosis is the greatest preventable disease problem of modern times, and

"Whereas, nurses entering the profession, do so out of a desire to be of the most service to humankind, therefore be it

"Resolved that the Mississippi Valley Conference on tuberculosis hereby urges all accredited training schools for nurses to provide, if possible, for all student nurses to spend a number of weeks of their training course in a well conducted tuberculosis sanatorium or, if that be for any reason impracticable, that a special course in tuberculosis be given all student nurses.

"Be it further resolved that we call to the attention of all young women who wish to render special service to mankind, that the nursing profession offers unparalleled opportunity to those who wish to relieve the suffering, comfort the afflicted and through tactful leadership to improve the health and increase the happiness of entire communities, and that emphasis be placed on the fact that the traditional fear of contagion in nursing tuberculosis patients is unwarranted and not supported by the facts of experience covering many years."

A similar resolution was adopted by physicians and will be forwarded to different medical schools throughout the country, asking that future medical students be given practical experience in the treatment of tuberculous patients.

DEPARTMENT OF RED CROSS NURSING

IN CHARGE OF

CLARA D. NOYES, R.N.

Director, Department of Nursing

MISS DELANO'S BODY LAID TO REST IN ARLINGTON

Military commitment services for the body of Jane A. Delano, former director-general of the Department of Nursing, American Red Cross, were held Saturday afternoon, September 18, at two-thirty o'clock, in Arlington National Cemetery, with a United States Army Chaplain officiating.

Miss Delano died in Base Hospital No. 69, Savenay, France, on April 15, 1919, while on active duty for the American Red Cross in Europe. Her body arrived in this country aboard the U. S. Transport *Sherman* on Saturday, September 11, 1920, and was taken to Washington, D. C., on September 15, where it was placed in a vault at Arlington National Cemetery under military guard. There it remained until the hour of commitment.

In addition to many Washington nurses and personal friends of Miss Delano, the services were attended by officials of the National Red Cross Organization and officers ranking high in the Medical Department of the Army who had come to know and admire Miss Delano for her work in the Surgeon General's Office. The committee on arrangements was composed of Ida F. Butler, Acting Director, Department of Nursing, American Red Cross; Julia C. Stimson, Superintendent of the Army Nurse Corps; Mrs. Lenah S. Higbee, Superintendent of the Navy Nurse Corps; Lucy Minnigerode, Superintendent of the United States Public Health Nurse Corps; and Georgia M. Nevins, formerly Director of the Department of Nursing, Potomac Division.

"THE EVERGREENS" LEASED FOR NURSES' CONVALESCENT HOME

"The Evergreens," a twelve-acre estate overlooking the Great South Bay along the southern shore of Long Island was leased by the American Red Cross on July 1 for a convalescent home for nurses of the Army, Navy and Public Health Service (as well as for those disabled by service under the Red Cross), who have received treatment in government institutions for illness incurred in war service. By virtue of its location it is an admirable spot where the minds and bodies of these women who gave so much in the country's hour of need may recuperate. All manner of out-door sports are accessible, bathing taking the lead.

SIX AMERICAN NURSES RECIPIENTS OF FLORENCE NIGHTINGALE MEDALS

"Having especially distinguished themselves by great and exceptional devotion to the sick and wounded in peace and war," six American Red Cross nurses have had the greatest honor to which they can aspire in their profession conferred upon them,—the Florence Nightingale Medal. The awards have been made by the International Committee of the Red Cross at Geneva. The recipients are: Helen Scott Hay, of Washington, D. C.; Florence M. Johnson, New York City; Martha M. Russell, Boulder, Colo.; Linda K. Meirs, Boston, Mass.; Alma E. Foerster, Chicago, Ill., and Mary E. Gladwin, Akron, Ohio.

This foundation was established in 1912 by the Ninth International Red Cross Conference in Washington in commemoration of Florence Nightingale, the compassionate "Lady with the Lamp." By virtue it is akin to the British Victoria Cross. Upon its institution it was voted that six medals be awarded annually, but owing to the outbreak of the World War and its length of duration, they have been awarded this year for the first time. Red Cross nurses of Belgium, Denmark, France, Great Britain, Greece, Hungary, Italy, Japan, Serbia, Switzerland and Czecho-Slovakia have also been honored.

A brief resume of the professional careers of the recipients follows:

Helen Scott Hay, graduate of the Northwestern University and of the Illinois Training School for Nurses; went overseas in charge of the Red Cross nurses on the Red Cross ship in 1914; served as Chief Nurse of Unit "C," Kiev, Russia, 1915; became Chief Nurse of the American Red Cross Commission to the Balkan States in 1918; Director of the Bureau of Instruction, Department of Nursing, of the American Red Cross in 1917.

Florence Merriam Johnson, graduate of Smith College and of the New York Hospital Training School for Nurses; during the war was appointed Director of the Department of Nursing, Atlantic Division, and had charge of the equipment; also rendered conspicuous assistance to more than 10,000 nurses assigned to overseas duty at port of embarkation and debarkation.

Martha M. Russell, student at Mt. Holyoke College and graduate of the New York Hospital Training School for Nurses; was appointed first representative of the American Red Cross Nursing Service in France, 1917; served with Atlantic Division Department of Nursing in 1918.

Linda K. Meirs, graduate of Philadelphia Hospital Training School for Nurses; sailed on Red Cross ship in 1914 and served with

Unit "G," Germany; went with Red Cross Commission to Roumania in 1917; later served in hospitals at Joy-surmorin, Chateau-Thierry, Toul and Fleury-sur-Aire.

Alma E. Foerster, graduate of the Presbyterian Hospital Training School for Nurses, Chicago; sailed on Red Cross ship for service in Russia in 1914 with Unit "H"; served under the Red Cross Roumanian Commission in 1917, and returned to Archangel, Russia, 1918.

Mary E. Gladwin, graduate of Boston City Hospital; sailed on Red Cross Ship in 1914; was assigned to Nish, Serbia, as supervisor of Unit "I"; returned to the United States in December, 1916, and returned to Serbia for further duty in 1917; on January 10, 1919, she was released from duty by the Commission to Serbia, having completed a long period of faithful service.

CZECH NURSES IN AMERICA TO STUDY

Mlle. Bayena Brezenova and Mlle. Frantiska Rusicova, nurses of the Czecho-Slovakian Republic, have been brought to America by the Red Cross to study nursing at the Massachusetts General Hospital Training School for Nurses in Boston.

At the request of the Czecho-Slovak government, the Red Cross was asked to establish a training school for nurses in that country on the basis recognized by America as representing the standard. It was also understood that the American Red Cross would send two American nurses to Czecho-Slovakia to organize the school while two Czech pupils were to be sent to this country to study nursing. In making the selection of the Czech nurses it was difficult to find suitable women. Mlle. Brezenova and Mlle. Rusicova were finally chosen because of training they received in the Vienna School of Nursing and the Czecho-Slovak State School of Nursing. For this previous training, a credit of time will probably be allowed them by the Massachusetts General Hospital Training School. Upon completion of their study in this country they will return to Czecho-Slovakia to continue the work in the school started by Red Cross in Prague.

CLARA D. NOYES SAILS FOR EUROPE

Clara D. Noyes, Director of the Department of Nursing at National Headquarters, is planning to sail for Europe on September 21st, in order to make a tour of inspection of the nursing activities that are operating under the auspices of the Nursing Service on the Continent. Miss Noyes, accompanied by Helen Scott Hay, Chief Nurse for the American Red Cross Commission to Europe, will probably visit the Balkan States, Greece, Czecho-Slovakia and Poland. She also expects to visit Geneva for a conference with Alice Fitzgerald,

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erald,

Director of the Department of Nursing under the League of Red Cross Societies. Before sailing Miss Noyes said:

At the time of the signing of the armistice over 400 Red Cross nurses were in Europe working directly under the auspices of the Red Cross. The number has been decreased gradually until about 150 now remain. They have been engaged in various types of work, such as hospitals of all types, clinics, and dispensaries, organizing mothers' clubs, and instructing women and girls in the courses in Home Hygiene and Care of the Sick. The school of nursing now being developed by the American Red Cross at Prague, to which five nurses have been assigned, is a project of first importance. I am anxious to visit this school and many other posts to which nurses have been assigned in order to judge the character of the work that our nurses are doing. Let us hope that the seeds planted by many of our nurses in the isolated districts of Albania, Montenegro, and Serbia will bear fruit of a permanent and constructive nature.

While abroad Miss Noyes also plans to meet the special committee in Europe appointed by the nursing associations of America to act as their representative in connection with the disbursement of the money, now over \$45,000, collected by the nurses of America to build a school for nurses in conjunction with the Florence Nightingale School, Bordeaux, France, as a memorial to the American nurses who died in service. Miss Noyes takes with her the terms of the deed of gift which indicate the wishes of the nurses in regard to the character of the building and the manner in which this splendid memorial will be developed and perpetuated. In the absence of Miss Noyes, Ida F. Butler, Assistant to the Director, will act for her.

TOO LATE FOR CLASSIFICATION

Kentucky.—THE KENTUCKY STATE BOARD OF NURSE EXAMINERS will conduct semi-annual examination at the J. N. Norton Infirmary, Louisville, November 16, 17, 1920, beginning at 10 a. m. Application and further information may be received from the secretary, Flora E. Keen, 115 North Main Street, Somerset.

Minnesota.—THE STATE ASSOCIATION will hold a meeting in St. Paul, October 27 and 28. (This is unofficial, from personal correspondence, no official notice having been received.)

Vermont.—THE VERMONT STATE NURSES' ASSOCIATION will hold its semi-annual meeting in St. Albans on October 28. Sections for private duty and for public health nurses will be organized. Addresses will be made on Red Cross Nursing Service by Bernice Billings and Mary Deans, and on Nursing Education by a speaker to be announced.

FOREIGN DEPARTMENT
IN CHARGE OF
LAVINIA L. DOCK, R.N.

While an International Congress of Nurses is still held up, waiting for world peace and universal brotherhood, applications continue to come in. It is a great pleasure to hear that the Nurses' Association of China, which had been on the point of entering in 1915, is now renewing its intention of joining. The Association comprises Chinese nurses, and foreign nurses working in China as well. The General Secretary is Leila A. Batty, China Inland Mission, Shanghai.

This makes four new countries, i. e., Norway, Belgium, Italy, and China. We have also renewed hopes of Australia.

The English Nurses' Professional Union deserves more mention than we have been able to give it. Registered under the Trades-Union Acts, while other nursing associations *may* be self-governing, it *must* be. It has no strike clause—"Arbitration is now the recognized method of settling differences." It is taking a definite stand for the "Forty-Eight Hours" working week. Its position in regard to private duty is, that the nurse should remain on duty *as long as is necessary for the patient's welfare*, but should be paid "overtime" for all hours above the 48-hour week.

Dr. Hamilton has had a splendid gift for her new hospital. The father of one of her nurses heard that the trustees had been offered 250,000 francs for the country estate bequeathed by Mlle. Bosc to the hospital, and he presented them with that sum on the explicit condition that the estate (Bagatelle) should *not* be sold. Thus finally settled, the Protestant hospital is moving out to Bagatelle and will erect one new building after another.

The College of Nursing in England is, no doubt, doing excellent work educationally, but its admixture in all sorts of connections outside of teaching is very difficult for us to understand, it is so different from anything we have here. A considerable controversy is now going on over financial matters. Early in its history, at a time when the college probably expected to control state registration, it made nurses the following promise:

If, therefore, you are on the College Register, you will automatically and without further fee be placed upon the State Register when the Nurses Registration Bill is passed.

Attracted by this promise, many nurses—we have been told, 15,000 in all,—registered with the college by paying it their fees.

But Parliament passed, instead, the act supported by all the pioneer organizations of British nurses, and gave the college only its proportionate share of power on the General Nursing Council instead of the whole. The question now is, should the college pay over to the state those various guineas, paid in by nurses as registration fees, or must nurses pay them a second time in order to save the college from financial embarrassment?

Another odd thing, in our eyes, is the part taken by the college in collecting the "Nation's Fund for Nurses," which is partly a college endowment fund and partly a sick benefit fund. Many features of the appeal made for these funds were extremely objectionable, and seem to us to detract from the dignity of an educational institution.

PUBLIC HEALTH NURSING IN ITALY

The three courses in Public Health Nursing established by the American Red Cross Tuberculosis Commission in Italy are meeting with well deserved success. When the American nurses were withdrawn in January, people prophesied that the courses might be closed, but the carefully selected and organized Italian committees have proved themselves more than able to meet any emergencies and the shorter courses in Rome and Florence are both to be repeated. A new course is being opened this month in Milan by the Italian Director of the Rome course, and the more ambitious ten months' course which was being offered in Genoa closes this October. Letters from Italy tell us that the graduates of all three courses are in such demand that there are constantly more positions than candidates. The nurses who saw the hardships of the primitive life in the southern part of the peninsula will be interested in knowing that one nurse has been placed in Calabria, three in Sicily, and more will be sent south as soon as they have completed the special training.

Some Italian students will be brought to America within the next year to see how our public health nursing is done. The scholarships permitting them to do this have been secured through Dr. William Charles White of Pittsburgh, the Director of the American Red Cross Tuberculosis Commission to Italy.

DEPARTMENT OF PUBLIC HEALTH NURSING
IN CHARGE OF
EDNA L. FOLEY, R.N.

THE INTRODUCTION OF PUBLIC HEALTH NURSING INTO THE
TRAINING OF THE STUDENT NURSE¹

Training schools are realizing a growing need for giving their students the benefit of their experience with public health agencies. The essentials for introducing this into training are a teaching district, where the pupils may practice, and a sufficient staff of visiting nurses to carry on the work and give stability to the teaching districts. This would be necessary to offset the shifting staff of student nurses and to obviate any feeling on the part of the people attended against always having new nurses. The staff nurses, as a rule, like the teaching work and enjoy having the student nurses with them.

The shortage of nurses of course troubles the superintendents of training schools and public health nurses should not leave it entirely to the superintendents but should do all in their power to help recruit student material. Public health nurses should also lend their interest and support to the schools and not stay outside waiting for them to send out the finished product. In return they may ask and hope to have certain points emphasized—the work with children, not only sick but well children, particularly in the matter of diet; increased training in obstetrics, a sufficient and thorough training which the nurse can carry over even into the home with no facilities; and more training in contagious, tuberculous, and mental cases.

This public health work should not be regarded as material added to the nurse's training, which might equally well be postgraduate work, but something interwoven in the fabric of her training, which she cannot afford to leave out. She will be a better hospital nurse for it, a better nurse on private duty. The training is not expected to make public health nurses of the pupils but to give them a public health point of view, which we need, no matter what kind of nursing we do. The training must be looked upon as part of a whole and not merely for the purpose of obtaining nurses for the field of public health work. The real attraction of public health work lies in the way it keeps in touch with human lives. Every nurse may be a protector of the public health, no matter what her particular case is, if she learns to look upon her work from that point of view.

Michigan.—During the month of June, the Michigan Anti-Tuberculosis Association (Elizabeth L. Parker, Executive Secretary), held especially successful tuberculosis and child welfare clinics

¹ Abstract of paper read at the Atlanta convention by Harriet Frost of the Visiting Nurse Association, Philadelphia.

throughout the state. Two held in St. Joseph and Lenawee Counties were conducted jointly with local Red Cross chapters and the State Department of Health. Physicians and dentists helped a great deal, several giving full time to assist during the examinations. It was impossible to examine all of the patients who came, for the time was so limited, but in each place permanent dispensaries are to be established at various points throughout the county, where clinics will be held at stated intervals. Charlotte Luddington and Mrs. Helen deSpelder Moore are serving as field representatives of the association.

Alabama.—Norma Leitch (Vassar College and the Presbyterian Hospital), has come to Montgomery to develop county health nursing in Montgomery County. Miss Leitch had her training in public health in Teachers College and Henry Street Settlement, serving as supervisor in Henry Street for a period of ten months. She is being assisted in making a survey of her county by the Assistant Director of the Bureau of Child Hygiene and Public Health Nursing of the State Board of Health, George M. Taylor, her classmate at the Presbyterian. Miss Taylor came to the State Bureau soon after her graduation, being assigned for one month to school work in Montgomery County for the purpose of making a demonstration.

Miss Leitch is delighted with the Alabama field and her co-workers are charmed with her enthusiasm and adaptability. It is hoped that her experience, with that of several other northern and eastern nurses who have recently cast in their lot with us, will soon convince the powers-that-be in the schools and placement bureaus that a refined, cultured woman is always sure of a cordial reception in the south.

The Alabama Tuberculosis Association has secured the services of Mrs. Frances E. Hogg as field nurse for state work. Mrs. Hogg is an Alabamian, formerly Miss Ethridge of Uniontown, Perry County. She is a graduate of the Bryce Hospital in Tuscaloosa and has done postgraduate work at the Polyclinic in New York, has had public health training at the Chicago School of Civics and Philanthropy, and has been engaged in industrial nursing in Richmond, Virginia, for the past ten months. Mrs. Hogg has been assigned to the staff of the Bureau of Child Hygiene and Public Health Nursing of the State Board of Health and her work will be coöordinated with the state program of child conservation through the activities of public health nurses.

Mr. J. M. Graham, Executive Secretary of the Tuberculosis Association, believes that this affiliation with the State Board of Health will pave the way to a wider field of usefulness for the organization and permit the development of a unified health program which will prove satisfactory to both.

HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

IN CHARGE OF
ALICE SHEPARD GILMAN, R.N.

STUDENT GOVERNMENT¹

BY JEAN GUNN

Toronto General Hospital, Toronto, Canada

Student government was organized in the Toronto General Hospital in 1917. The students asked to have it for one year, on trial. As a beginning, we held a mass meeting of the students and they appointed a committee to take up the matter and to draft a constitution and by-laws, which would be presented to the whole group of students for adoption. When the committee started to draw up the constitution and by-laws, it was necessary to put all our former rules and regulations in the scrap basket, for once these new rules were adopted it was really up to the students to see that they were enforced.

The organization as finally adopted was as follows: They call it the Student Government Association of the School for Nurses. The superintendent of the school is honorary president; in addition they have a president and a vice president, elected by the school, who are members of the senior class. The secretary-treasurer is elected and may be a member of any class. The students enter the school in two sections, spring and fall. Each section of each class appointed one member to the Student Council. This member then stands responsible to the council for her section, whatever class she may be in. She is also the class officer for her section. In addition to those members of the council there is one appointed as convener of the Social Committee. In the beginning, the convener of the Social Committee was not a member of the Student Council, but in one of their revisions they made her a member, because they thought it would bring her work more closely in touch with that of the Student Council. In addition to this organization of the students themselves, there is a Committee of Appeal, which consists of the assistant superintendent of nurses and three head nurses, members of the graduate nurses' staff. Those three head nurses are appointed by the head nurses' group in the hospital.

The duties of the council are primarily to look after the government of the residence life of the pupils and everything in the residence life is left to it. For the routine enforcement of discipline in the

¹ Address given at the Atlanta Convention, April, 1920.

school, the member from each class section, who is called a proctor, appoints each week two monitors, posting their names. Each proctor is responsible for a certain section of the nurses' residence and that is her special domain in which to maintain discipline. The monitors are directly responsible for the enforcement of the rules during their week of service.

The Student Council meets every month; the student body as a whole meets every three months, but they may call a special meeting at any time, and very often do.

The Social Committee is responsible for the social life of the students and for any social function they may wish to have in their residence life. They always take it up with me, but I take no responsibility. They make their own plans and carry them out. We have found that they are very much more interested in their social life when they feel responsible for it. That is one of the differences I have noticed in the school since student governmnt was adopted.

I think starting student government is at first an uphill task, because you have in every school students who are indifferent to it. They do not care very much whether they are being controlled by the training school office or whether they have a Student Council, and they go the way of least resistance. I think in trying to establish student government, if you have direct opposition, you are going to come out very much better in the end than if you have indifference because that is a very hard thing to overcome. You really have to have the coöperation of the majority of the students, I do not think we shall ever reach the point where we shall have the active coöperation of every student, but one of the first essentials is to have most of the students really want it.

One of the greatest difficulties we had was with the graduate nurses. There are nurses, I hope there are not many, but they do exist, who think that what was good enough for them in their student days is good enough for the students now, and they are more or less reluctant to approve of new methods. It is difficult to really educate the graduate nurses as to what we mean by student government. The students adapt themselves to it more easily than do the graduates, but unless you have the coöperation of the graduates, it is difficult to make a success of student government, and getting their coöperation and their active understanding is sometimes rather uphill work. Once they grasp the idea, they are a great asset to the pupils in enforcing it, but there are many little ways in which a graduate nurse may infringe the rules of student government without really feeling that she has done so, and those little things are very irritating to the student body. We have to work out a very sympathetic

understanding with the graduates in the hospital. I think I cannot over emphasize that point, because it is one that is often overlooked.

Another matter of very great importance is having the pupils take the initial responsibility. We have only to look over our nurses' associations to find that many graduates do not take individual responsibility in their association work, so it is only logical to expect students to be rather indifferent about taking any responsibility. I believe that is one thing that student government will help to overcome. If we can encourage our students during their student days to take individual responsibility they will not give up the good habit when they graduate and pass on to be members of some other organization.

One rule that the students have in their Council is that no student is allowed to refuse to do anything she is asked to do. That was thought to be a very important rule to enforce. I am sure you have all had the experience of asking nurses to do things and finding nobody who wants to do it. So the understanding was in the beginning that anything a student was asked to do, whether to hold office, to serve on a committee, or to do any special piece of work, she is not allowed to refuse, by the rules of the organization of which she is a member. That has helped a good deal in developing individual responsibility.

We have not reached the point yet where every nurse in the training school feels the responsibility for student government, but I think we are getting nearer to that point, because we have had student government now since 1917, and pupils entering the school come into the student government plan and are not conscious of any other, so they naturally fit into the scheme. We have had very much less difficulty during the past year.

Of course the Student Council sometimes has difficulty in enforcing the rules. It is very difficult for any group of students chosen from a larger body to enforce discipline that every nurse knows should be enforced, and the student body had, in the beginning, quite a little difficulty with some students who felt that they were not very much in sympathy.

On one occasion it was necessary for the Council to drop from membership a student who persisted in breaking the rules of the Student Government Association. This student then came under the direct control of the officers of the school and was deprived of all the privileges that had been granted under the new system. In this way it was possible to support the Council and to make the students realize that each individual gains something from holding membership in the Students' Association. Of course this appeal is a selfish one, but the only one successful in some cases.

(To be continued)

NOTES FROM THE MEDICAL PRESS
IN CHARGE OF
ELISABETH ROBINSON SCOVIL

THE DIETARY VALUE OF FRUITS.—*The Journal of the American Medical Association* says that the recent investigations of Osborne and Wendel show that certain fruits and green vegetables contain beside their antiscorbutic value the antineuritic vitamine known as water soluble B. This is particularly true of the edible parts of the orange, lemon, and grape fruit and the efficiency of these juices is not lost by desiccation. The richness of orange juice in water soluble vitamine is comparable, volume for volume, with that of cow's milk, not to the nutrients as sources of energy, but only to the content of vitamine. Some fat soluble vitamine A. may also be present in orange juice. Its dietary value seems fully justified.

IMMUNITY AGAINST DIPHTHERIA.—*The American Journal of Diseases of Children* reports the result of tests made on over 1,000 children in an institution during five years. The injection of toxin-antitoxin caused immunity in 100 per cent of a group of fifty children for at least 22 months. It is claimed that it is possible to keep the inmates in a child-caring institution free from diphtheria for five years by injecting susceptible children with toxin-antitoxin mixtures. The susceptibility must be determined by the Shick reaction.

EMERGENCY DRESSING PARCEL.—The American Red Cross has adopted, and the Surgeon-General of the Army, the Section on Surgery of the American Medical Association, the American College of Surgeons and the Conference Board of Physicians in Industrial Practice have endorsed, a standard emergency surgical dressing parcel. It is wrapped in sterilized and paraffined heavy brown paper and contains ten gauze compresses, one absorbent pad, one rolled wadding bandage, one cotton bandage, one gauze bandage, one triangular bandage, one safety pin.

SECRET REMEDIES.—At the annual meeting of the British Medical Association it was resolved that a physician should not make use of, or recommend, any remedy of whose principal ingredients the profession had not been informed.

A NEW SPECIALIST.—A new specialist has appeared in the person of the flight surgeon. It was found from careful observation that 90 per cent of aviation casualties were due to trouble with the flying men; 8 per cent to defective air planes; and only 2 per cent to the enemy,—hence the necessity for proper medical supervision of the fliers. This reduced the casualties to 12 per cent.

LETTERS TO THE EDITOR

The editor is not responsible for opinions expressed in this department. All communications must be accompanied by the name and address of the writer to ensure publication.

A GOOD TEXT BOOK ON MENTAL DISEASES

Dear Editor: I have had occasion recently to critically examine no less than five texts on mental nursing designed primarily for use in nurses' training schools. All these I found highly undesirable from several points of view—with one exception. This exception was a new book by Harriet Bailey, R.N., entitled "Nursing Mental Diseases." This text seemed to me to be so very useful on the whole that I promptly availed myself of the opportunity to force its attention upon the readers of this Journal.

This excellent little nursing text comes from the pen of one possessing a rich experience in the nursing of mental patients. Written by a nurse, primarily for nurses, it is only natural to expect it to be replete with practical nursing procedures for meeting situations which have as their cause some mental peculiarity or disorder. In this respect it fulfills all expectations and one marvels, as does the chronicler after a close reading of it, that so many practical details could be treated as adequately as they have been in this book of less than two hundred pages. The subject matter and treatment of it in this text commend it not only to those specializing in the nursing of overt mental disturbances, but also to all nurses who would strive to understand better and manage more effectively the worried, nervous, excitable, mischievous, and generally irascible patient.

Perhaps I had best state that I have no connection whatever with the publishers or the author of this text and the praises of this book are prompted by the nature of the book itself rather than any obligations to any one who might profit by the sale of the book.

University of Iowa

DONALD A. LAIRD.

EXPERIENCES AMONG THE NAVAJO INDIANS

Dear Editor: The days at our mission are busy and interesting, one never knows what the next call will be. A mother whose son had died of influenza at our hospital came to us again for help. Upon reaching the camp, which was a ride of fifteen miles, I found the sick daughter in a hogan with two medicine men and a number of anxious friends. I fully realized it would be with difficulty that our treatments would be permitted. The medicine men were going to have a Sing. Fortunately, at this camp there was a splendid interpreter whom I instructed to proceed with our medication as soon as possible, as the patient showed marked symptoms of a double pneumonia. With difficulty (owing to the influence of the medicine man) the Indian girl administered medicines that the sick woman asked for, saying she had great relief. The patient and mother were anxious for me to nurse her, but one medicine man would not give up his Sings and so, to save a life, we worked together. At my next visit I was free to proceed with proper care, as the medicine man was away. In the evening he returned, saying he was going to remain with her all night. The interpreter told me they were going to have a sweat bath early in the morning. I remained all night with the Indian interpreter, to be awakened by weird incantations filling the morning air, and to find the hogan well guarded to prevent my seeing in. As the patient was struggling and moaning a great deal, I pulled back the curtain and found the medicine man had a large feather down her throat to induce

the evil spirits to come out of her. A huge fire blazed in the center of the hogan and the attendants wore only skirts, the heat being so intense. The patient was well exhausted and again I proceeded to resuscitate her, calling the medicine man's attention to his foolish treatment. The next treatment was a Sand painting, and I had the opportunity to see it drawn, and its exactness in lines and coloring was a revelation. This was their final ceremonial. With difficulty and perseverance the patient recovered.

Navajo Reservation

MISSIONARY NURSE.

SHALL THERE BE COTS IN THE PATIENTS' ROOMS?

Dear Editor: Referring to your editorial in the August JOURNAL concerning the problem of attracting young women to our training schools, I wish to say that graduate nurses, as we all know, are the best advertising agents for our schools, and conditions and comforts after graduation are also attractions. I find that after nineteen years of private duty nursing, twenty-hour duty, plus one year of twelve-hour night duty, prove that cots for the nurses are still quite essential in a patient's room. In every case my patient has asked why I did not secure a cot and rest when I had the opportunity. We try our best to make our patients rest well at night, then proceed to keep quiet in a squeaky chair. They all squeak, and it is a physical impossibility to keep quiet and sit up in this same chair. I've given it one year's fair trial only to go home each morning to try to mend my aching back and to try to sleep with the usual wakeful city's disturbance. As one patient said, "You no sleep, I no sleep," and they all prefer to have their nurse stay in the room. It is easier for the patient to call (there is no danger of the nurse oversleeping), there is less jingling of bells in the hall, and quicker service owing to the shorter distance, no drowsy nor unsightly specials for the hall nurse to fall over, and far less disturbance in general. We do not quite understand the motive of depriving the twelve-hour night nurse of a cot. The cot means more rest for both patient and nurse, better health for both, and better service for the patient, and good service seems to be one of the desirable requisites of a first class training school.

Michigan

Z. L. I.

SOME PRACTICAL SUGGESTIONS

Dear Editor: The nurse who graduates from a hospital training school where every convenience is at hand must use her inventive faculty when caring for a patient in the home. The thought in the mind of the nurse should be, "How would I like to be cared for if in this patient's place?" It is the little things that count for so much when a person is ill. In cold weather the clean linen, bath blankets, towels, etc., can be warmed on the radiator, and the bed pan can be warmed underneath. If the patient is not helpless, leave the bed pan within easy reach, especially if an irritated condition of the bladder exists. Have proper facilities for washing any sauce pans, glasses and spoons used by the patient (dish cloth and towel, soap, sapolio, etc.). The whole of the thermometer should be washed in soap and water after each using. In contagious cases, if the nurse looks after the cleanliness of the room, a floor cloth can be wrung from disinfecting solution (Platt's Chlorides is odorless) and pinned on a dry mop. The cloth should be removed and washed frequently. Prevention is the keynote in every department of nursing, and the Golden Rule applies especially in the sick room.

New Jersey

S. J. G.

NURSING NEWS AND ANNOUNCEMENTS
NATIONAL

**MEMORIAL FUND FOR THE NIGHTINGALE SCHOOL,
 BORDEAUX, FRANCE**

(Contributions received up to September 15, 1920)

Previously acknowledged-----	\$45,919.55	New York -----	6.00
(Also 240 francs)		Ohio -----	25.00
California -----	5.00	Pennsylvania -----	68.00
Colorado -----	9.00	Texas -----	86.00
Georgia -----	50.00	Vermont -----	10.00
Illinois -----	25.00	Washington -----	160.00
Indiana -----	34.00		
Massachusetts -----	47.00		\$46,444.55

Checks and money orders should be made out to the AMERICAN JOURNAL OF NURSING and should be mailed to the JOURNAL at 19 West Main Street, Rochester, N. Y., accompanied by a letter stating that the contribution is for the Nurses' Memorial Fund.

NURSES' RELIEF FUND, REPORT FOR AUGUST, 1920

Receipts

Previously acknowledged -----	\$5,402.42
Interest on bonds -----	45.00
California: State Nurses' Assn., through Janette F. Peterson, \$106; (Los Angeles County Nurses' Assn., Victory Bond, \$100, listed with investments) -----	106.00
Connecticut: Celia T. Goldberg, Hartford -----	2.00
Florida: A Florida nurse -----	10.00
New York: Brooklyn—Long Island College Hospital Alumnae Assn., \$25; individual members Long Island College Hospital Alumnae, \$30; Rochester—Phoebe McMillan, \$2; Elmira—Maude B. Wrigley, \$1--	58.00
Ohio: State Association, \$300; District No. 5, \$5; District No. 13, \$14; Ashtabula—Minnie H. Millberg, \$1; East Liverpool—Lois E. Patterson, \$1; Conneaut—Marion Hogle, \$1-----	322.00
	\$5,945.42

Disbursements

Sent to fifteen applicants -----	\$240.00
Exchange on checks -----	.40 240.40
	\$ 5,705.02
Invested funds -----	26,300.00
	\$32,005.02

Total, Sept. 1, 1920 -----

One nurse who was receiving aid from the Relief Fund died, during the month of August. Two new applications are being considered by the Committee. Contributions for the Relief Fund should be sent to Mrs. C. V. Twiss, Treasurer,

14 East 50th Street, New York City, and the cheques made payable to the Farmers Loan & Trust Company. For information, address E. E. Golding, Chairman, 317 West 45th Street, New York City.

M. LOUISE TWISS, *Treasurer.*

ARMY NURSE CORPS

During the month of August the following nurses have been transferred to the stations indicated: Mary Dittus and Dorothy S. Frank to Fitzsimmons General Hospital, Denver, Colo.; Louise M. Young, Mary E. Dee and Marie L. Pace to Walter Reed General Hospital, Takoma Park, D. C.; Christine M. Kennelly to Camp Pike, Ark.; Alila F. Bachan to Hoff General Hospital; Catharine Price to Camp Lee, Va.; Irene G. Truax and Elinor Shirley to the Philippine Department; Anna G. Slater to Honolulu, H. T.; Harriet L. Osborn to Nogales, Ariz.; Frances B. Phillips to Coblenz, Germany; Bernice M. Hartz to Letterman General Hospital, San Francisco, Cal.

The following nurses were discharged: Mary I. Oldham, Christine Hesler, Eva B. Stoner, Margaret S. Wilson, Chief Nurse, Frances Brewington, Marie Hott, Laura H. Spangler, Julia D. Magee, Mary M. Kelly Mary Mohan, Helen B. Leonard, Rose H. Paulson, Jennie M. Bradeen, Christine Roberts, Mae L. Cowdrick, Elizabeth M. Fetzman.

The following nurses resigned: Emma M. Curran, Bertine Stade, Rose M. Baechle, Estelle A. Hartman.

"The Manager of Hotel Holley, Washington Square, West, New York City, has recently written to the Superintendent of the Army Nurse Corps, offering the services of Hotel Holley to members of the Nurse Corps, or to former members. Many nurses will undoubtedly recall the many courtesies that were extended to them either at Hotel Holley or Hotel Albert, (both of which are under the same management) when they were being mobilized and demobilized, and their attention is therefore called to this continued interest in nurses, and desire to be of service to them on the part of the Manager of Hotel Holley."

JULIA C. STIMSON,
Superintendent, Army Nurse Corps.

NAVY NURSE CORPS

The following nurses, U. S. N., have been appointed and assigned to the Naval Hospital at the Station indicated: Myrtle I. Carver, from Burlington, N. C., to Norfolk, Va.; Carolyn C. Jensen, from Milwaukee, Wis., to Fort Lyon, Colo.; Veta B. Markley, from Quincy, Ill., to League Island, Pa.

The following Reserve Nurses have been appointed and assigned to the Naval Hospital at the Station indicated: Laura M. Gibson, from Salida, Colo., to Fort Lyon, Colo.; Eleanor D. Kowalewska, from Geneseo, N. Dak., to Puget Sound, Wash.; Edith H. Smith, from Indianapolis, Ind., to New York.

The following nurses have been transferred: Helen L. Abbe, from Washington, D. C., to Newport, R. I. (Hospital Corps Training School); Marie L. Anton, from Mare Island, Calif., to Washington, D. C.; Helen E. Blanchard, from Chelsea, Mass., to New York; Alice G. Boyd, from Washington, D. C., to Norfolk, Va.; Erna Disselkamp, from Norfolk, Va., to Great Lakes, Ill.; Inez Donaldson (C. Nurse), from Naval Dispensary (U. S. Navy Yard, Philadelphia), to Hampton Roads, Va.; May V. Eidemiller, from Canacao, P. I., to Pearl Harbor, T. H.; Emma J. Folmsbee, from Chelsea, Mass., and Julia Higbie, from New York, to Mare Island, Calif.; Ida L. Hodge, from New York to St. Thomas, V. I.; Margaret Hyde, from Norfolk, Va., to New London, Conn. (Submarine Base Dispensary); Lucia

D. Jordan (C. Nurse), from Newport, R. I., to Gulfport, Miss.; Helen B. Kelley, from Newport, R. I., to Chelsea, Mass.; Laura V. Kennedy, from Chelsea, Mass., to Mare Island, Calif.; Carrie M. Luppert (C. Nurse), from League Island, Pa., to Annapolis, Md. (Naval Dispensary, U. S. Naval Academy); Ruby Russell, from New York to Mare Island, Calif.; Adele Scudder, from Annapolis, Md. (Naval Dispensary, U. S. Naval Academy), to Pensacola, Fla.; Marie Sennett, from Newport, R. I. (Hospital Corps Training School), to New York; Marguerite A. Snyder, from League Island, Pa., to Key West, Fla.; Emma L. Spatcher, from Washington, D. C., to Portsmouth, N. H.; Phelonise Tardif, from New London, Conn. (Dispensary, Submarine Base), to Newport, R. I.; Lillian Ward, from Key West, Fla., to Washington, D. C.

Nurses, U. S. N., Honorable Discharges—Lucy Cooper, Washington, D. C.; Aroline A. Marean, Hampton Roads, Va.

Nurses, U. S. N., Resigned—Rosemary Conroy, New York; Elizabeth Juttner, Charleston, S. C.; Lucinda M. Newton, Great Lakes, Ill.; Florence I. Magee, League Island, Pa.; Mary M. Roberts, New York; Annie M. De Lancy, Parris Island, S. C.

Reserve Nurses, U. S. N., Discharged—Ebba V. Anderson, League Island, Pa.; Margaret Baecker and Elizabeth M. Bauer, Mare Island, Calif.; Marien A. Besemann, Great Lakes, Ill.; Kathryn Goldsborough, Charleston, S. C.; Nell Kelly, Washington, D. C.; Flora O'Connor, New Orleans, La.; Alice Parslow, San Diego, Calif.; Frances G. Phillips, New Orleans, La.; Inez Scott, Fort Lyon, Colo.; Estella R. Sollars, San Diego, Calif.

Reserve Nurse, U. S. N., Inactive Status—Ida Harpley, Parris Island, S. C.

Nurses, U. S. N. R. F., Disenrolled—Lillian J. Doherty and Annette Lorer, Mare Island, Calif.; Cora S. Shackleford, Washington, D. C.

Nurse, U. S. N. R. F., Inactive Status—Florence Falls, Great Lakes, Ill.

The following Nurses have been promoted to the grade of Chief Nurse: Carrie M. Luppert, Annapolis, Md. (Dispensary, U. S. Naval Academy); Mary E. Hand, New York.

The following Dietitian has been appointed and assigned to duty at the following station: Elizabeth Blakeslee, Mare Island, Calif.

The following Dietitians have been transferred: Grace Elizabeth Higgins, Hampton Roads, Va., to Chelsea, Mass.; Blanche A. Phillips, Annapolis, Md., to New York; Mildred G. Stiles, New York, to Annapolis, Md.

When the Navy Department is prepared to proceed with the distribution of Victory medals, clasps, and buttons, an A.L.N.A.V will be sent out to the Service. A Victory medal and button will be awarded to each nurse who performed active duty in the Navy during the World War between the dates of April 6, 1917, and November 11, 1918, whose service was honorable. A clasp with the duty inscribed thereon, to be worn on the ribbon of the medal will be authorized for each nurse who performed duty on a transport between April 6, 1917, and November 11, 1918; for service on shore in allied or enemy countries of Europe, from April 6, 1917, to November 11, 1918. The application for the Victory medal should not be forwarded through Red Cross Chapters, Post of American Legion, or other organizations. It is advisable, however, that all nurses who have been released from active duty in the Navy who have changed their addresses since time of release, should notify the Superintendent's office, Bureau of Medicine and Surgery, of change of address.

The effect on members of the Navy Nurse Corps of the passage of the Army Reorganization Bill which conferred relative rank on members of the Army Nurse Corps has not yet been definitely decided. So soon as the order relative to the

rights and privileges conferred by the provision of relative rank for members of the Army Nurse Corps has been assured, the Surgeon General will present the subject to the Secretary of the Navy for his decision concerning the application of these privileges to members of the Navy Nurse Corps.

The report of the nurses assigned for temporary duty to the U. S. S. *Mercy* during her trip from New York to San Pedro, California, via the Panama Canal, has been interesting and profitable in proving that the adaptability of nurses can endure the severe test of confined quarters which are necessary on ships of this type. Although the nurses functioned creditably on several transports during the period of the war, the quarters assigned on the transports probably allowed a greater degree of privacy.

The U. S. S. hospital ship *Relief* will be commissioned in the near future. It should be remembered it is the first hospital ship which has been built, as all other hospital ships have been adapted from ships designed for other purposes. The nurses, therefore, who have been assigned to this duty are justly proud of the honor. The Chief Nurse, J. Beatrice Bowman, is on duty and the staff who will assist her in creditably sustaining the record of efficiency which the Navy Nurse Corps has already established will report for active duty about the first of October.

The office of the Surgeon General is in receipt of a letter from Grace Pepe, the native nurse from Samoa who completed a post graduate course at the Naval Hospital, Mare Island, and Children's Hospital, San Francisco, in which she writes: "I did enjoy studying in the States for those months and it gave me good experience, learning things in the different hospitals. I appreciate very much all the people whom I have met in California. They were very kind and treated me well. I will have to try the best I can to help the doctors and nurses do good for my own people." It is through the efforts of "their own people" that the government of the United States hopes to strengthen and perpetuate the natives of Samoa. The work among the native nurses in Guam has received an impetus owing to the recommendation of the Commanding Officer of the hospital that all native school teachers shall be required to complete a course in nursing under the direction of the Navy nurses. Mary Brooks, who was for several years attached to the Hospital for Training Corps Men in Newport, is continuing the work of instruction which was begun in 1911 by Elisabeth Leonhardt Chief Nurse, U. S. N., and has been progressing through the interested efforts of other chief nurses assigned to this duty.

LENAH S. HIGBEE,
Superintendent, Navy Nurse Corps.

U. S. PUBLIC HEALTH SERVICE NURSE CORPS

Report for the Month of August

Promotions and Resignations.—Mrs. Florence Pelton, Greenville, promoted to Chief Nurse, New Orleans, vice Augusta Gehrs, transferred to Markleton, Pa.; Helen Churchill, Washington, D. C., to Chief Nurse, Key West, vice Henrietta Myers, transferred to Mobile; Elizbeth Weaver, Boise, to Acting Chief Nurse, Tacoma, Washington, on opening of hospital there; Mollie Thompson, Cleveland, to Acting Chief Nurse, Cleveland, O., upon resignation of Anna D. Richmond; Helma Hakanson and Josephine Gaffney to Assistant Chief Nurses, Ft. McHenry, Baltimore, Md.; Isabel Shannon, Waukesha, to Assistant Chief Nurse, Waukesha, Wis.; Ethel Horner, Pittsburgh, to Assistant Chief Nurse, Pittsburgh, Pa.

Transfers.—Anna Heil, Chief Nurse, transferred as Chief Nurse to Knoxville,

Iowa, upon opening of hospital there and closing of hospital at Dansville, N. Y.; Lillian White, transferred to West Roxbury as Assistant Chief Nurse, upon closing of hospital at Parkview, Pa.

During the month Dansville, N. Y., and Parkview, Pa., were closed, and Tacoma, Washington, and Knoxville, Iowa, opened, the former T. B. and the latter N. P.

LUCY MINNEGERODE,
Superintendent of Nurses, U. S. P. H. S.

A HEALTH CONFERENCE will be held in Washington, D. C., December 6-13, the first of a series authorized by the International Health Conference in Cannes. It is being organized under the joint auspices of the United States Interdepartmental Social Hygiene Board, the United States Public Health Service, the American Red Cross, and the American Social Hygiene Association. Prof. William H. Welch of Johns Hopkins has consented to serve as president. The conference will review past experiences and existing knowledge as to the causes, treatment and prevention of venereal diseases, and will formulate recommendations relating to a practicable three-year program for each of the North and South American countries participating. In addition it will make suggestions for putting such program into effect.

Alabama.—THE NURSES' BOARD OF EXAMINATION AND REGISTRATION of Alabama will hold an examination for the registration of nurses in Mobile on October 25 and 26; in Montgomery on October 25 and 26; and in Birmingham on October 27 and 28. Applications may be secured from the secretary-treasurer, Helen MacLean, Fraternal Hospital, Birmingham. All applications and credentials must be filed with the secretary at least fifteen days prior to the date set for the examination or the candidate will not be allowed to write.

Arizona.—THE ARIZONA STATE NURSES' ASSOCIATION will hold its first annual meeting in Phoenix, October 20-22. The members greatly regret losing their president, Agnes Randolph, who is leaving the state, but they feel that the work she has done, already, has brought them together and that they have an interest in and understanding of their work and faith in its accomplishment.

Arkansas.—THE ARKANSAS STATE GRADUATE NURSES' ASSOCIATION will hold its eighth annual meeting in Fort Smith, October 29 and 30. Headquarters will be at the Y. W. C. A. Building.

Canada.—THE CANADIAN NATIONAL ASSOCIATION OF TRAINED NURSES at its annual meeting held in Fort William in July elected the following officers: President, E. Mac P. Dickson, Toronto Free Hospital, Weston, Ont.; vice presidents, Jean Browne, Regina, Sask., and E. Johns, Vancouver, B. C.; treasurer, K. Davidson, 131 Crescent St., Montreal, Que.; secretary, Frances Macmillan, the Alexandra Hospital, Edmonton, Alta.

Colorado.—THE COLORADO STATE GRADUATE NURSES' ASSOCIATION held its annual meeting in Greeley, September 23. The Public Health Section and the Nursing League also held sessions at that time. **Denver.**—THE SCHOOL OF PUBLIC HEALTH NURSING under the auspices of the University of Colorado and the Colorado Fuel and Iron Company graduated six students July 16.

Connecticut.—THE STATE TUBERCULOSIS COMMISSION has established a sanatorium for treatment of children with bone and glandular tuberculosis at Crescent Beach. The Meriden Sanatorium is to be used exclusively for the treatment of children who are ill with pulmonary tuberculosis. Schools will be established in both sanatoria this fall under the direction of the State Department of Education.

Florida.—THE FLORIDA STATE NURSES' ASSOCIATION will hold its annual meeting in Tampa, November 18 and 19. THE FLORIDA STATE BOARD OF EXAMINERS will hold examinations November 15 and 16 for graduate nurses, and November 17 for licensed attendants at the Gordon Keller Hospital, Tampa. Applications must be on file 15 days in advance of above dates with the secretary, Louisa B. Benham, Hawthorne. THE FLORIDA STATE BOARD OF EXAMINERS OF NURSES at the annual meeting in Jacksonville elected Anna L. Fetting, president, to succeed Julia W. Hopkins, who resigned because of illness. Mrs. Louisa B. Benham was reelected secretary-treasurer, and Training School Inspector Lillian Hollyhand was appointed by the Governor as the fifth member of the Board.

Georgia.—THE GEORGIA STATE ASSOCIATION will hold its annual meeting November 8-10, in Augusta. Miss Ott of Indiana will be a speaker.

Illinois.—THE ILLINOIS STATE ASSOCIATION holds its annual meeting in LaSalle, September 30-October 1. Headquarters will be at Kaskaskia Hotel. **Chicago.**—ANNA L. TITTMAN, who was formerly Training School Inspector in Illinois and who has recently returned from Siberia, has undertaken a survey for the American Conference on Hospital Service. On October 1, Miss Tittman becomes assistant director of the nursing service of the Central Division of the Red Cross. Isabelle Gallagher, class of 1912, Chicago Union Hospital, former Assistant in the Central Division, has recently accepted a position with the Teaching Unit, Public Health Nursing, University of California, Berkeley. Appointments of public health nurses for towns of Illinois are as follows: Marguerite Deuel, Morrison; Jennie Mayes, Albion; Ethel Olson, Yorkville; Rebekah Lockwood, Sandwich; Celia Evinger, Paris; Phoebe Detweiler, Freeport; Minnie Frances Morton, Joliet; Hannah Madison, Toulon. Appointments for towns of Iowa: Blodwyn Rees, Oskaloosa; Agnes Swift, Leon; Alice Marquart, Burlington; Edith P. McGuire, Creston; Emma Ohlendorf, Marshalltown; Celia Stump, Oskaloosa; Mae Ferleman, Hancock County; Beatrice Bozarth, Bremer County; Dorothy Parker, Makulka; Vana Wright, Sigourney; Eva Jennewein, Avoca; Mabelle Randolph, Glenwood; Buelah Bennett, Bloomfield; Anna Skov, Audubon; Mary Ann Zichy, and Maud Brown, Keokuk. Appointments for towns of Michigan: Catherine Bonner and Hazel Gene Ward, Ann Arbor; Mrs. Nella Vincent, Flint; Ethel Hedges, Cassopolis; Emily Lyons, Hillsdale County; Margaret Bulkley, Cheboygan; Marie Altman, Eaton County; Elizabeth Robinson, Lansing; Georgia Bernard, Monroe County; Lydia Olsen, Detroit; Mrs. Margaret Squires and Gertrude Reiman, Saginaw. Appointments for towns of Nebraska: May L. Thompson, Tekamah; Ethel Murray and Kate Lincoln, Lincoln. Appointments for towns of Wisconsin: Emma Puls, Fond Du Lac; Mary O'Keefe, Chilton. THE ILLINOIS TRAINING SCHOOL gave a second graduate course of study for training school superintendents and instructors, beginning July 7, and lasting through thirty teaching days. Seventeen students from eight states were registered for the course, which consisted of physical education, including setting-up exercises and military drill, 115 lectures, 16 excursions, and observation in 8 departments and 10 wards. The course proved very successful. Elizabeth Goodspeed, class of 1919, Mary Thompson Hospital, has accepted a position as school nurse in Joliet.

Indiana.—THE INDIANA STATE NURSES' ASSOCIATION will hold its annual meeting in Indianapolis, October 7, 8 and 9. THE INDIANA STATE BOARD OF REGISTRATION AND EXAMINATION OF NURSES will hold an examination for State registration in the State House, Indianapolis, November 17 and 18. Applications should be sent to the Secretary, Edna Humphrey, Crawfordsville. Fort

Wayne.—THE LUTHERAN HOSPITAL ALUMNAE ASSOCIATION plans to celebrate its tenth anniversary on November 10 with a home coming day of all graduates. Ann Richter, graduate of Bridgeport General Hospital, Bridgeport, Conn., has accepted the position of assistant and instructor in the hospital, Lucy Lauman is operating room supervisor and Lottie Keller, night supervisor.

Iowa: Fairfield.—DISTRICT NO. 2 held its regular meeting at the Nurses' Home, of the Jefferson County Hospital, September 25. Reports of the Council at Lake Okoboji and of the Conference of the Mississippi Valley Tuberculosis Association were given. Miss Finlay of Washington gave a paper on Nursing Problems of the Small Hospital. THE JEFFERSON COUNTY HOSPITAL held commencement exercises at the Nurses' Home, September 23. Mary C. Haarer, of the University Hospital, Iowa City, addressed the class. Ottumwa.—LORENA INGRAHAM, of the University of Pennsylvania Hospital, has succeeded Adelaide Lewis as superintendent of the Ottumwa Hospital. Cedar Rapids.—ST. LUKE'S ALUMNAE ASSOCIATION held a meeting September 7. Informal talks were given by Ella McDannel and Carrie Catlin. Bess Elwood told of Hourly Nursing Service in the Chicago Visiting Nurses' Association. The questionnaire sent out by the Committee on Nursing of the American Conference on Hospital Service was discussed.

Massachusetts: Fall River.—THE FALL RIVER CITY HOSPITAL TRAINING SCHOOL FOR NURSES held graduating exercises June 29 in the Technical High School. Fourteen students were graduated. After the presentation of diplomas, the class took the Florence Nightingale pledge. Boston.—CHARLOTTE M. PERRY, formerly Superintendent of Malden Hospital, Malden, Mass., and of Faxton Hospital, Utica, N. Y., has taken up the work of instructor in several schools in Boston and vicinity.

Minnesota: St. Paul.—THE STATE NURSES' ASSOCIATION will meet in this city October 27 and 28. Rev. Mother Bernardine, who has been Mother Superior of St. Joseph's Hospital for thirty-six years, has resigned and gone to Minneapolis to retire from active work for the present. Sister M. Charles, formerly Superintendent of Nurses at St. Joseph's Hospital, has been appointed Mother Superior of St. Michael's Hospital, Grand Forks, N. D. She is succeeded by Sister M. Jerome.

Mississippi.—THE MISSISSIPPI STATE ASSOCIATION OF GRADUATE NURSES will hold its annual meeting October 29 and 30, in Jackson. All nurses of the state are urged to be present.

Missouri.—THE STATE ASSOCIATION will hold its fifteenth annual meeting at the Hotel Baltimore, Kansas City, October 20-22.

Nebraska.—THE STATE ASSOCIATION will hold its annual meeting, on October 19 and 20, at the Hotel Fontanelle, Omaha. The Nebraska State Board of Nurse Examiners will hold its next regular examination in Omaha and Lincoln, November 22 and 23. For information and applications address Mr. H. H. Antles, Secretary, Department Public Welfare, Lincoln.

New Jersey.—THE NEW JERSEY STATE BOARD OF EXAMINERS OF NURSES will hold its next examination for certificate of registered nurse on Friday, November 19, in the State House, Trenton, N. J. Applications must be filed with the secretary-treasurer at least fifteen days prior to date of examination. For further information apply to Elizabeth J. Higbid, 302 McFadden Building, Hackensack. **Trenton.**—THE WILLIAM MCKINLEY MEMORIAL HOSPITAL NURSES' ALUMNAE ASSOCIATION held its second quarterly meeting at the hospital, July 12. A bronze tablet was placed on the wall in the main corridor of the hospital in honor of five nurses who were in service.

New York.—THE NEW YORK STATE NURSES' ASSOCIATION will hold its annual meeting in Albany, October 27 and 28, in Chancellors' Hall, Education Building. Chairman of arrangements, Julia Littlefield, Homeopathic Hospital, Albany. Chairman of Program, Sally Johnson, assisted by Elizabeth C. Burgess, State Department of Education, Albany. Headquarters will be at Ten Eyck Hotel. Some of the speakers will be Emma Jones, Rochester; Mrs. Roderick Byington, Brooklyn; Adda Eldredge; Miss Maxwell, New York; Carolyn Gray, New York; Dr. Downing, Albany; Miss Goodrich, New York; Elizabeth Burgess, Albany; Mrs. Hansen, Buffalo. District No. 9 will entertain at a dinner on Wednesday evening. The Samaritan Hospital, Troy, has extended an invitation to the delegates for tea and inspection of the hospital, Tuesday afternoon. Rates for rooms at the Ten Eyck, with bath, \$3.50 and up; without bath, \$2.50 up. Rates at the Hampton Hotel about the same. The New Kenmore, rooms only. The Wellington, \$1.75 to \$2.50 and up. THE NEW YORK STATE ORGANIZATION OF PUBLIC HEALTH NURSING will hold its annual meeting October 26, at the Ten Eyck Hotel. The annual meeting and election of officers will take place during the morning session, and the afternoon will be given up to round tables on Public Health Nursing problems. The evening meeting will be a joint meeting with the League of Nursing Education. Delegates to the New York State meeting are requested to come prepared to make pledges, and contributions to the Nurses' Relief Fund, as many new applications for relief are being received. The state chairman for the Fund will be present to receive contributions. THE BOARD OF NURSE EXAMINERS desire to bring to the attention of all nurses that according to the amendment to the Nurse Practice Act which became law on May 12, 1920, all persons practicing in the State as trained, graduate, certified or registered nurses must be registered and licensed to so practice by the Regents of the University of the State of New York. Other persons using these titles will be in violation of the law. A clause in the act provides for this registration and licensing of nurses under a waiver of examination and other conditions heretofore required. This *Waiver expires January 1, 1921*. Nurses already registered in the State are required to register with the Secretary of the Board of Nurse Examiners prior to *December 1, 1920*. Nurses who are not registered in the State at present should, in making application for registration, give the name and location of the school of nursing by which they were graduated. Provision is also made for non-graduates of long experience under this act and for those who are qualified to act as trained attendants. All nurses are urged to attend to this matter at once. Inquiries and applications should be addressed to the Secretary, Board of Nurse Examiners, State Department of Education, Albany, N. Y. **New York City.**—ANNA H. DAVIDS, graduate of Long Island College Hospital; Marcia P. Coombs, Jewish Hospital, Philadelphia; Ann Cavanagh, St. Vincent's Hospital, Staten Island, N. Y.; Charmion Bishop, Fabolia Hospital, Oakland, California, and Ethel M. Carney, McLell's Hospital, Peterboro, Ontario, sailed September 25 for Mexico to replace the present force of nurses at the American Hospital at Tampico. Miss Davids is superintendent of nurses and Miss Bishop is surgical nurse and assistant superintendent. The patients are employees in the oil region. **Ogdensburg.**—THE ST. LAWRENCE STATE HOSPITAL SCHOOL OF NURSING held graduating exercises on September 1, at which time twenty-four students were graduated. The address was given by Daniel W. Mulligan. A reception followed. **Saranac Lake.**—SARANAC LAKE GRADUATE NURSES' ASSOCIATION, DISTRICT No. 8, met September 7 at the Public Library. Parts of the Nurse Practice Act were read and discussed.

North Dakota.—THE NORTH DAKOTA STATE BOARD OF NURSE EXAMINERS will hold an examination for applicants for registration on Tuesday and Wed-

nesday, November 16 and 17, 1920, at Grand Forks, N. Dak., City Hall, 9 a. m. Applications for examinations must be filed at least ten days prior to the date set for examinations with the Secretary. For further information, address M. Clark, Secretary and Treasurer, Devils Lake, General Hospital, Devils Lake, N. Dak.

Ohio: Cleveland.—CLEVELAND NURSING CENTRE. Through the generosity of friends interested in nursing, the use of a large, spacious home at 2157 Euclid Avenue, known as Perry House, Cleveland Nursing Center, has been given. The following organizations have established headquarters there: The Visiting Nurses' Association, the Cleveland League of Nursing Education, the Public Health Quarterly, the Anti-Tuberculosis League, St. Barnabas Guild, District No. 4 Nurses' Association, Central Registry for Nurses, the Isabel Hampton Robb Memorial Hall. The Perry House adapts itself well to the various needs of nursing interests and is much appreciated by nurses and friends in the community. **Akron.**—MRS. BETSEY L. HARRIS, formerly Chief Nurse of Base Hospital No. 36, A. E. F., has accepted the position of Principal of the School for Nurses of the City Hospital of Akron. Ivona Johnson, recently instructor at the Hebrew Hospital, Baltimore, has accepted the position of Instructor. Hazel Cave, graduate of the Toronto General Hospital, has been engaged to take charge of the practical instruction. The City Hospital of Akron has just completed an affiliation with the Akron University whereby the student nurses will receive at the University their preliminary course of instruction in Anatomy and Physiology, Bacteriology, Hygiene, Chemistry and Physics. The second and third year students will attend classes at the University in Advanced Hygiene and Social Problems. **Cleveland.**—ST. JOHN'S HOSPITAL held commencement exercises September 8, in the Chamber of Commerce, for eight graduates. On September 9 a banquet was held at the hospital in honor of the graduating class. Following the banquet the class history and prophecy were read.

Oklahoma.—THE STATE NURSES' ASSOCIATION will hold its annual meeting in Enid, October 27-29.

Pennsylvania.—THE PENNSYLVANIA STATE GRADUATE NURSES' ASSOCIATION will hold its annual meeting in Erie, November 9, 10, 11 and 12. **Philadelphia.**—Mrs. Eden succeeds Miss Milne as Superintendent of Nurses of the Presbyterian Hospital. Miss Milne sailed for Scotland on September 11. She will be greatly missed.

Rhode Island.—THE RHODE ISLAND BOARD OF EXAMINERS OF TRAINED NURSES will examine applicants for state registration November 18 and 19, at the State Capitol. Applications should be sent to the secretary, Lucy C. Ayres, Woonsocket Hospital, Woonsocket, R. I. **Mrs. HARRIOTT PEARCE CHURCHILL**, president of the Rhode Island State Nurses' Association for the past seven years, has accepted a position with the Oneida County (New York) Tuberculosis Committee. Mrs. Churchill is a graduate of the Rhode Island Hospital Training School for Nurses and has held various executive positions in Rhode Island and Massachusetts. Her removal is a great loss to the profession in this community. She was presented with a gift as an expression of appreciation of her service to the State Association.

Tennessee: Memphis.—THE TENNESSEE GRADUATE NURSES OF DISTRICT NO. 1 have elected the following officers for the coming year: President, Annie Feltus; vice-presidents, Beulah Newton and Hattie Shelby; secretary, Marie Peterson; treasurer, Mamie Dalton; directors, Mrs. M. E. Ward and Ella Chisholm. THE MEMPHIS GENERAL HOSPITAL ALUMNAE held their monthly meeting September 6.

The following officers were elected for the year: President, Jene Hope; vice-presidents, F. Scruggs and Miss Nunellee; secretary, Telma Devine; treasurer, Mrs. Nooner; directors, Cornelius Cook, Jessie Kersh, Miss Williamson, Lula Robley. Plans for the State meeting were discussed.

Wisconsin.—THE STATE ASSOCIATION will hold its annual meeting at Wausau, October 5-7. THE UNIVERSITY OF WISCONSIN is offering a five-year course in public health work, beginning this fall. The University is also offering a three-year course which fits the candidate for hospital duty, public health work and other branches of nursing.

BIRTHS

On August 2, a son, to Mr. and Mrs. J. Hartman. Mrs. Hartman was Miss Derenthal, class of 1918, Wycoff Heights Hospital, Brooklyn.

On August 6, a son, to Mr. and Mrs. Arthur Gillum. Mrs. Gillum was Mary Patton, class of 1916, Lutheran Hospital, Ft. Wayne, Ind.

Recently, at St. Barnabas Hospital, Salina, Kansas, a daughter, Arline Marie, to Mr. and Mrs. Algot Brown. Mrs. Brown was Edna Hjelm, class 1913, St. Barnabas Hospital.

On August 29, in Middletown, Conn., a son, James Edward, to Mr. and Mrs. Louis F. Quirk. Mrs. Quirk was Henrietta Coughlin, class of 1916, St. Vincent's Hospital, New York City.

On July 3, in Philadelphia, a son, Robert, Jr., to Mr. and Mrs. Robert Neely. Mrs. Neely was Anna Kreischer, class of 1916, Lankenau Hospital Philadelphia.

On August 25, a son, Edwin George, to Mr. and Mrs. Thomas Watters of Anamosa, Iowa. Mrs. Watters was Edna Knight, class of 1909, St. Luke's Hospital, Cedar Rapids, Iowa.

MARRIAGES

On August 2, Mary Ellen Gordon, class of 1915, Illinois Training School, Chicago, to Carl E. Peterson, M.D. Dr. and Mrs. Peterson will live in Chicago.

Recently, Gertrude Elizabeth Davis to Bernard E. Smith. Mr. and Mrs. Smith will live in Bedford Village, West Chester County, N. Y.

Recently, Beatrice Hayes to Charles H. Lane. Mr. and Mrs. Lane will live in Odon, Ind.

Recently, Mary A. Mockler, class of 1910, University Hospital, Chicago, to Mr. Brown. Mr. and Mrs. Brown will live in Oak Park, Ill.

Recently, Rebecca Sarah Fisher, class of 1915, Philadelphia General Hospital, Philadelphia, to Edward Hoffman. Mr. and Mrs. Hoffman will live in Chicago.

Recently, Ida C. Habeger, class of 1914, Garfield Park Hospital, Chicago, to E. O. Faustman. Mr. and Mrs. Faustman will live in Coquille, Ore.

Recently, Bertha I. Dunn, class of 1917, Brokaw Hospital, Normal, Ill., to John A. Murray. Mr. and Mrs. Murray will live in Minneapolis, Minn.

Recently, Fae Virginia Hicks, class of 1915, Dr. Benjamin F. Bailey Sanatorium, Lincoln, Neb., to Frederick C. Sterling. Mr. and Mrs. Sterling will live in Omaha.

Recently, Mrs. Grace Lindsay, class of 1913, Illinois Training School, Chicago, to Omar Gagnon. Mr. and Mrs. Gagnon will live in Chicago.

Recently, in Minneapolis, Kansas, Bessie Cherry, class of 1918, St. Barnabas Hospital, Salina, to W. S. Spivey. Mr. and Mrs. Spivey will live in Salina.

On July 21, Laura S. Hornor, class of 1916, William McKinley Memorial Hospital, Trenton, N. J., to Charles Rhubarb.

On June 27, in Pueblo, Colo., Mable E. Crick, class of 1915, Minnequa Hos-

pital, to Harry Rush. Miss Crick served overseas with Base Hospital No. 29. Mr. and Mrs. Rush will live in Pueblo.

Recently, Florence Beltz, class of 1919, Minnequa Hospital, Pueblo, Colo., to Will Sechrist of Delta, Colo.

Recently, Maude Stearns, class of 1910, St. Louis Baptist Hospital, St. Louis, to H. D. Davisson. Mr. and Mrs. Davisson will live in St. Louis.

Recently, Alta C. Tucker, class of 1920, St. Louis Baptist Hospital, St. Louis, to Paul H. Bernstorff, M.D. Dr. and Mrs. Bernstorff will live in St. Louis.

On August 18, in Rutherfordton, N. C., Freda Warden, class of 1908, Hospital of the University of Pennsylvania, Philadelphia, to Carl Horn. Mr. and Mrs. Horn will live in Spindale, N. C.

Recently, Helen Dunn Carr, class of 1917, Passaic General Hospital, Passaic, N. J., to John Russell Pyle. Mr. and Mrs. Pyle will live in Paterson, N. J.

On August 15, Anna C. Glass, class of 1918, Passaic General Hospital, Passaic, N. J., to Robert Hance. Mr. and Mrs. Hance will live in Passaic.

On July 22, Jeanette Nightingale, class of 1916, Passaic General Hospital, Passaic, N. J., to Thomas Saxe. Mr. and Mrs. Saxe will live in Passaic.

On August 2, Helen Martin Harris, class of 1917, Rochester Homeopathic Hospital, Rochester, N. Y., to Earle Harrison Nodine. Mr. and Mrs. Nodine will live in Amherst, Mass.

On August 28, Grace E. LiFebre, class of 1920, Rochester Homeopathic Hospital, Rochester, N. Y., to Joseph E. Kimble. Mr. and Mrs. Kimble will live in Rochester.

On August 31, in Youngstown, O., E. Minna Gerginske, class of 1911, Bellefonte Hospital, Bellefonte, Pa., to Harry J. Aley. Mr. and Mrs. Aley will live in Youngstown.

On June 8, in New York, Nan Coyle, class of 1910, Lebanon Hospital, New York, to F. E. Donnelly, M.D. Dr. and Mrs. Donnelly will live in Wilkes Barre, Pa.

On August 16, in Hartford, Conn., Mary Monica Ryan, class of 1915, Hartford Hospital, to Walter Carter Adams. Mr. and Mrs. Adams will live in Hartford.

On July 15, in Alexandria, La., Josephine Dennen, class of 1908, Memorial Hospital, Richmond, Va., to Joseph C. Payne. Mrs. Payne served one year with the American Red Cross in France. Mr. and Mrs. Payne will live in California.

On July 19, in Chicago, Katherine Rehsteiner to William Harrison Horrell. Miss Rehsteiner served with Base Hospital No. 114 in France. Mr. and Mrs. Horrell will live in Helena, Montana.

On August 18, Mary M. Vernier, class of 1918, St. Elizabeth Hospital, Dayton, Ohio, to Robert J. Schieble. Mr. and Mrs. Schieble will live in Miamisburg, Ohio.

On July 14, in Frederick, Md., Margaret H. Hughes, class of 1915, Frederick City Hospital, to Albert T. Gilbertson. Both Mr. and Mrs. Gilbertson served overseas with Base Hospital No. 26.

On July 28, at Seoul, Chosen, Esther Henser, class of 1911, Lutheran Hospital, Ft. Wayne, Ind., to Jack Duncan Fraser.

Recently, at Silver Lake, N. M., Golda Turley, class of 1918, Lutheran Hospital, Ft. Wayne, Ind., to Nathan D. Snyder. Mr. and Mrs. Snyder will live in Alamogorda, N. M.

Recently, Evelyn E. Armstrong, class of 1916, Jefferson Park Hospital, Chicago, to Charles Fogel.

Recently, Edith M. Bush, class of 1920, Jefferson Park Hospital, Chicago, to Lloyd Armstrong.

Recently, Mildred Johnson, class of 1917, Jefferson Park Hospital, Chicago, to Charles Delhaye.

On June 24, in Baltimore, Md., Mrs. S. Isabel Heffler, class of 1920, Lankenau Hospital, Philadelphia, to Captain E. N. Farrior. Captain and Mrs. Farrior will live in Baltimore.

On September 8, in Hazleton, Pa., Edythe Ann Wagner, class of 1919, Lankenau Hospital, Philadelphia, to S. W. Hobson, M.D. Dr. and Mrs. Hobson will live in Newport News, Va.

On July 14, in Biddeford, Me., Marie A. Pelletier to Francis Violette. Mr. and Mrs. Violette will live in Van Buren, Me.

On August 20, in Kristiania, Norway, Jardis Aslang Gaarder, class of 1919, Massachusetts General Hospital, Boston, Mass., to Sigurd Selmer-Olsen. Mr. and Mrs. Selmer-Olsen will live in Joipeland, Stavanger, Norway.

On August 24, Naomi Roberts, class of 1918, Jefferson County Hospital, Fairfield, Iowa, to Alfred H. Lawson. Mr. and Mrs. Lawson will live in Batavia, Iowa.

DEATHS

On July 20, in New Orleans, La., Mrs. Grace Jones Colette, class of 1914, Charity Hospital Training School. Mrs. Colette's unfailing good humor and cheerfulness endeared her to many friends.

On July 27, in the Charity Hospital, New Orleans, Mary Ellen Hayes, class of 1897, Charity Hospital. Miss Hayes had been in charge of the contagious department of Charity Hospital for several years.

On July 6, at Deer Lodge, Montana, after a long illness of tuberculosis, Marie K. Naeseth, class of 1914, Presbyterian Hospital, Chicago.

On August 17, in Richmond, Va., Mrs. Robert G. Wiatt, from an unknown cause. Mrs. Wiatt was Nannie May Rudd, class of 1917, Stuart Circle Hospital, Richmond. Mrs. Wiatt served as president of her Alumnae Association for one year and also served on the nursing staff of Stuart Circle Hospital. She was very active in her work during the world war, working early and late, and giving of her ability without stint. She will be greatly missed, for she was a woman of high ideals and was a noble example of loyalty to her profession.

On July 14, in the Methodist Hospital, Brooklyn, N. Y., Coba Weber, a non-graduate nurse. Miss Weber was born in Holland and came to this country at the age of fourteen. After doing private nursing at Oyster Bay, Long Island, she was sent to Locust Valley, N. Y., to take charge of an emergency hospital established for the care of poliomyelitis patients. So faithful and satisfactory was this work, that she was asked by the directors of the Neighborhood Association to remain in Locust Valley as community and school nurse. She soon became the best known and best loved person in the community and she deserved to be. No task was too difficult and unpleasing, if she saw an opportunity to do good, but she had also a very just sense of the duty of others to help themselves. She had courage to rebuke, where that was needed, but she was ever gentle, kind and considerate, to those whose need was genuine. During the period of the war in addition to her duties as nurse, she participated in every drive for funds. She had been warned that her heart would not bear severe strain, but self preservation was not the first law for her, but to do good to as many people in as many ways as possible. During the heavy snowfall of last winter, she trudged through the snow to her duties. Her health finally gave way, and though she struggled bravely and cheerfully for several months, she was unable to return to her beloved work. Her life was a demonstration of the beauty of unselfish service.

BOOK REVIEWS

IN CHARGE OF
GRACE H. CAMERON, R.N.

THE OPHTHALMIC NURSE. By G. Griffith Lewis, M.D.; F.A.C.S.
W. B. Saunders Co., Philadelphia and London. Price \$1.50.

This small book of 166 pages is, as the author states in his preface, "the outcome of a course of instruction given to nurses at the Crouse Irving Hospital, Syracuse." The first chapter is apparently superfluous in the light of the present day education and training of pupil nurses, since it dilates on the "Relation of the Nurse to the Doctor," and the "Requisites of a Successful Nurse." The anatomy and physiology of the eye are presented in an exceedingly simple manner. Much extraneous matter is introduced in the form of detailed instruction in operating room technic,—which is the same for all classes of cases. The definitions of classes of medicine are given, and twenty-five pages devoted to *materia medica* under the heading, "Ophthalmic Remedies." There are a synopsis, a glossary, and a catechism, consisting of 561 review questions for the student.

THE POWER OF THE ALUMNAE. By Annette Alison, R.N., Oakland, California. Price, \$1.50.

This little book of twelve short chapters contains much that should prove an inspiration to graduate nurses. The key note is "coöperation"—all nurses working together for the advancement of their profession. Ideas are advanced; plans suggested, and the service and obligations of the graduate nurse to her sister nurse set forth with splendid enthusiasm.

TALKS TO NURSES. By Henry S. Spaulding, S. J. Benziger Brothers, New York. Price, \$1.50.

A series of lectures to Roman Catholic nurses outlining a nurse's conduct in specially indicated instances.

PERSONAL BEAUTY AND RACIAL BETTERMENT. By Knight Dunlap.
C. V. Mosby Company, St. Louis, Mo. Price, \$1.00.
A brief presentation of eugenics by a well known psychologist.

F.A.C.S.

\$1.50.

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